



**OKLAHOMA**  
Mental Health &  
Substance Abuse

# **PROVIDER CERTIFICATION MANUAL**

*for programs certified by ODMHSAS*

**August 2022**

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## Introduction

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is making significant changes to standards, rating methods, and processes related to Provider Certification. Our goals are to increase transparency, streamline processes, and more effectively prioritize compliance issues. The purpose of this manual is to provide guidance to provider organizations regarding these new processes and policies for certification and/or certification renewal. Some of the major changes include:

- Categorizing all standards as "Critical" or "Necessary" and basing thresholds for compliance on these categories. This replaces our previous system of basing thresholds on whether the standard is categorized as "Clinical."
- Changing the minimum threshold for compliance from 75% of clinical standards to:
  - 90% of critical standards and 75% of necessary standards
- Changing threshold for certification with distinction from 90% of clinical standards to:
  - 90% of critical standards and 85% of necessary standards
- Specifying which standards may be deemed compliant based on national accreditation status.
- Repurposing Probationary Certification for certain organizational changes that occur within currently certified programs.

Please note that this manual is designed to provide important information on the review process, but your official certification review will determine your compliance scores. Additionally, your official review process is dependent upon your organization's particular situation, which includes factors such as optional services that are provided and national accreditation type and status. The total standards included in this manual for each program type are provided for guidance but may not reflect the total standards that apply to your program due to these factors.

The information in this document is subject to change. The manual will be maintained and made publicly available on the ODMHSAS website at: <https://oklahoma.gov/odmhsas/policy/provider-certification.html>

*The information in this manual represents the certification review process and applicable standards beginning November 1, 2022.*

### ODMHSAS Provider Certification Contact Information

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## Important Notes and Definitions

You will find a chart of applicable standards for your organization's provider type. This chart describes how each standard is categorized and rated, including the following elements:

- Organizational, Operational, Clinical
- Critical vs. Necessary
- Compliance Threshold
- Review Method
- Accreditation

### Organizational, Operational, Clinical

Standards are grouped into organizational, operational, and clinical based on which definition below they fit into. However, which of these categories the standard fits into does not directly affect the minimum threshold for compliance. Rather, the determination of whether the standard is critical or necessary is what determines the minimum threshold.

- **Core Organizational Standards** address requirements necessary to assure the public and consumers of services that essential organizational functions are substantially in place at the facility and the facility is prepared to initiate services for which certification is being requested. These requirements can be verified prior to the initiation of services for which the organization is requesting certification.
- **Core Operational Standards** address other essential conditions and processes that must be in place to assure basic safety and protection of consumer rights. Some of these requirements can be verified prior to the initiation of service. Others must be verified when an organization begins providing services.
- **Quality Clinical Standards** address actual services provided, qualifications of staff, clinical documentation, and processes designed to assure consistency in quality and efficacy of services. These requirements can only be verified after a reasonable time during which services have been provided.

### Critical vs. Necessary

The determination of whether the standard is critical or necessary is based on ODMHSAS assessment of the magnitude and/or urgency of the standard regarding consumers' safety and treatment. Critical standards are noted in **red**. The categories as defined in administrative rules are as follows:

- **Critical standard** means a standard that ODMHSAS deems to have the potential to significantly impact the safety, well-being, and/or rights of consumers, or consumers' access to appropriate services.
- **Necessary standard** means a certification standard that ODMHSAS deems important for an entity's overall functioning but generally does not have a significant, immediate impact on consumers.

## Compliance Threshold

The compliance threshold indicates the minimum level of compliance that must be demonstrated to ODMHSAS for the organization to be in compliance with the standard. This is expressed as either Yes/No (Y/N) or as a percentage. Which of these applies is based on the standard. Certain standards cannot reasonably be assigned a percentage. For example, the presence of policy or procedure is generally Y/N. On the other hand, many clinical standards are assigned a percentage so that if a few elements of many are missed, the provider has the opportunity to still be deemed compliant instead of utilizing an "all or nothing" approach.

If a percentage is assigned, critical standards have a minimum threshold of 90% and necessary standards have a minimum threshold of 75%. The chart will also note if a single element or multiple elements are involved.

It is especially important to note any critical standards with a "Y/N" threshold. While most of these standards are policy- or facility-related, some are determined by a review of consumer or personnel records. This means that 100% compliance is required.

For more detailed scoring examples, please see page 121.

## Review Method

The method of review represents what ODMHSAS will observe or review to determine compliance. The most typical review methods include:

- **Site Review:** An in-person or virtual observation of the physical facility and/or the services performed
- **Consumer Record Review:** A review of open and closed clinical records, in their entirety
- **Personnel Record Review:** A review of personnel records, including training, credentials, and services provided
- **Policy Review:** A review of the organization's written policies and procedures
- **Document Review:** A review of other relevant documents pertaining to the standard, such as agreements/memorandums of understanding, staffing plans, and reports

## Accreditation

For programs that have current, valid national accreditation, certain standards may be deemed compliant based on national accreditation status in lieu of a full review of the standard. The following accrediting entities are eligible:

- The Commission of Accreditation of Rehabilitation Facilities (CARF)
- The Council on Accreditation (COA)
- The Joint Commission (JCAHO)

Which standards may be covered by your national accreditation will differ by accrediting entity and which specific modules/services your program is accredited for. You will need to provide ODMHSAS adequate information about your accreditation status in order to qualify for a reduced review.

Please note that ODMHSAS reserves the right to review any standard at its discretion, including those covered by accrediting entities.

## Initial Certification: Process and Important Changes

### Application Completion

- Provider requests application materials from Provider Certification.
- Provider Certification supplies application materials.
- Provider submits a complete application, including fee and all supporting documentation.
- Provider Certification reviews application materials and determines if the application is complete; if not, the provider must supply additional information in order to proceed.

### Review

- Policies and procedures are submitted and reviewed by Provider Certification.
- Once policies and procedures are approved, an initial site visit is scheduled.
- If deficiencies regarding applicable standards are identified during the site visit, an electronic report of deficiencies will be supplied to the provider.

### Corrections

- The provider will complete corrections to policies and procedures and items identified during the initial site visit, if requested by ODMHSAS.

### Permit for Temporary Operation

- Once corrections are deemed acceptable, a six-month Permit for Temporary Operation (PTO) will be considered by the ODMHSAS Board.
- Once the PTO is granted, the program may begin operating. Written notice must be sent to Provider Certification within 14 calendar days of when clinical services are being provided.

### Clinical Review

- Prior to expiration of the PTO, a review of clinical records and services will be scheduled.
- If deficiencies regarding applicable standards are identified during the site visit, an electronic report of deficiencies will be supplied to the provider.

### Plan of Correction

- The provider will prepare a written Plan of Correction describing the actions that will be taken to correct deficiencies.
- Upon receipt and review of an acceptable Plan of Correction, an additional review may be scheduled to verify corrections.

### Certification

- Once corrections are deemed acceptable, a Certification will be considered by the ODMHSAS Board. The length of time for which the program's certification is granted is as follows:
  - One-Year Certification is granted if substantial compliance is achieved and:
    - Fewer than five (5) clinical records were available for review
  - Two-Year Certification is granted if substantial compliance is achieved and:
    - A minimum of five (5) clinical records were available for review

**Important Changes:**

- A Certification subsequent to a PTO may be granted by the Commissioner or designee and confirmed at the next Board meeting. This allows Certification (required for billing) to be achieved before the next Board meeting date, after which Certification is contingent upon Board approval.
- Programs are required to notify the Department in writing within 14 calendar days of initiating clinical services. To do so, please email [ProviderCert@odmhsas.org](mailto:ProviderCert@odmhsas.org) with the subject line "PTO Notification of Services."
- Timelines for Plans of Correction have changed from 10 days for all corrections to 5 days for corrections related to Critical Standards and 10 days for those related to Necessary Standards.
- If a program cannot demonstrate compliance after a third site visit/review with all Quality Clinical Standards categorized as Critical Standards, the application for subsequent certification shall be denied, and the Permit for Temporary Operations will expire.
  - IMPORTANT: Programs should not apply for a PTO unless clinical operations can meet substantial compliance within the six-month PTO period.



## Certification Renewal: Process and Important Changes

### Application

- Prior to the expiration date of the current certification, Provider Certification will send a notice regarding upcoming expiration with instructions on how to complete the renewal application. Typically, this notice is sent about 90 days prior to expiration.
- Providers supply the renewal application, fee, and supporting documentation. Providers also supply their policies and procedures for review, OR an attestation regarding changes to policies and procedures.

### Review

- Once the application materials and policies are approved, the renewal review will be conducted.
- If deficiencies regarding applicable standards are identified, an electronic report of deficiencies will be supplied to the provider.

### Plan of Correction

- The provider will prepare a written Plan of Correction describing the actions that will be taken to correct deficiencies.
- Upon receipt and review of an acceptable Plan of Correction, an additional review may be scheduled to verify corrections.

### Certification

- Once corrections are deemed acceptable, a certification renewal will be considered by the ODMHSAS Board. The length of time for which the program's certification is granted is as follows:
  - One-Year Certification is granted if substantial compliance is achieved and:
    - Fewer than five (5) clinical records were available for review; or
    - The certification is granted under Chapter 16 (Community Residential Mental Health Facilities)
  - Two-Year Certification is granted if:
    - 90% of critical and 75%-84% of necessary standards were deemed compliant; and
    - A minimum of five (5) clinical records were available for review
  - Three-Year Certification is granted if:
    - 90% of critical and 85%-100% of necessary standards were deemed compliant; and
    - A minimum of five (5) clinical records were available for review

### Important Changes:

- A policy and procedure attestation is allowed in lieu of full review of policies and procedures.
- Timelines for Plans of Corrections have changed from 10 days for all corrections to 5 days for corrections related to critical standards and 10 days for those related to necessary standards.

## Identifying Your Program's Standards

### 1. Locate the General Program Standards in this manual and in administrative rules

- Unless an exemption is specifically noted for your program type, all standards apply to your program.
- Each standard includes a rule citation. To locate the full language of the standard, reference the applicable rules.

### 2. Locate the applicable Program-Specific Standards in this manual and in administrative rules

- All standards apply unless they are related to optional services; these standards only apply if your program has chosen to include these services and *are noted in italics*. Please note that the total standards identified for each program in this manual are not inclusive of any optional standards.
- Each standard includes a rule citation. To locate the full language of the standard, reference the applicable rules.

### 3. If you have a current accreditation from CARF, COA, or JCAHO, identify which standards your accreditation may cover

- Please note that which standards may be deemed compliant based on accreditation status depends on:
  - The accrediting body you are accredited with
  - The specific modules/services you are accredited for

Example:

Indicates standard is related to optional services and may not apply

Indicates standard may be deemed compliant based on accreditation from CARF, but not from COA or JCAHO

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Outpatient Therapy Services	27-7-6	Necessary	Y/N	Consumer Record Review	Y (OT 3.O.1)	N	N
Emergency Services	27-7-7	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
<i>(Additional Treatment Services)</i>	27-7-21	Necessary	Y/N	Policy/Document Review; Consumer Record Review	N	N	N

## General Program Standards

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + applicable program specific standards)
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + applicable program specific standards)
- Please note certain program types are exempt from certain general program standards, as identified in the charts below. The totals above do not reflect those exemptions.

### Core Organizational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Governing Authority**	1-9-5.4(a)	Necessary	Y/N	Policy/Document Review	Y (1.B) <i>Optional standard</i>	Y (GOV 3-4)	Y (LD 01.01.01, 01.03.01)
Organizational Description	1-9-5.4(b)	Necessary	Y/N	Policy/Document Review	Y (2.A.1, 2.A.9)	Y (GOV 2.02)	Y (LD 02.01.01)
Personnel Policies and Procedures	1-9-5.4(c)	Necessary	Y/N	Policy Review	Y (2.A.22)	Y (HR 2.01; 2.05)	Y (HRM 01.01.01, 01.02.01)
Utilization of Volunteers	1-9-5.4(d)	Necessary	Y/N	Policy Review/ Personnel Record Review	N	Y (HR 6)	N
Information Analysis and Performance Improvement**	1-9-5.4(e)	Necessary	Y/N	Policy/Document Review	Y (1.N; 2.H.1- 4 / OTP 2.I.1- 4)	Y (GOV 2.03; PQI standards)	Y (LD 03.02.01 - 03.07.01, 04.01.03; PI Standards)
Special Populations	1-9-5.4(f)	Necessary	Y/N	Policy Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

\*\*Not applicable to facilities certified under Chapter 16.

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Physical Facility Environment and Safety	1-9-5.5(a)	Critical	Y/N	Policy Review; Site Review	Y (1.H)	Y (ASE 4-6)	Y (EC, LS Standards)
Hygiene and Sanitation	1-9-5.5(b)	Critical	Y/N	Policy Review; Site Review	N	N	N
Tobacco-free Campus**	1-9-5.5(c)	Necessary	75% (multiple elements)	Policy Review	N	N	N
Technology**	1-9-5.5(d)	Necessary	Y/N	Policy Review	Y (1.J, 2.A.21)	Y (RPM 4)	Y (IM Standards)
Confidentiality and Information Security	1-9-5.5(e)	Critical	90% (multiple elements)	Policy Review	Y (2.G / OTP 2.H)	Y (PRG 2; CR 2)	Y (IM 2.01.01, 02.01.03)

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

\*\*Not applicable to facilities certified under Chapter 16.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Staff Qualifications: Qualifications, Privileging, and Review	1-9-5.6(a)(1) 1-9-5.6(a)(2) 1-9-5.6(a)(4)	Critical	90% (multiple elements)	Personnel Record Review	Y (2.A.9, 2.A.22)	Y (HR 2.01, 2.05)	Y (HRM 01.02.01)
Staff Qualifications: Policies and Procedures	1-9-5.6(a)(2)	Necessary	Y/N	Policy Review	Y (2.A.22)	Y (HR 2.01, 2.05)	Y (HRM 01.02.01)
Staff qualifications: Minimum Age	1-9-5.6(a)(3)	Critical	Y/N	Policy Review/ Personnel Record Review	N	N	N
Staff Development and Training: Written Plan	1-9-5.6(b)(1)	Necessary	Y/N	Policy Review	Y (2.A.16)	Y (TS 1; TS 2)	Y (HRM 01.03.01, 01.05.01)
Staff Development and Training: Critical Training***	1-9-5.6(b)(2) A-E, J-K; (b)(3); (b)(4); (b)(6)	Critical	90% (multiple elements)	Personnel Record Review	N	N	N
Staff Development and Training: Necessary Training	1-9-5.6(b)(2) F-I, L	Necessary	75% (multiple elements)	Personnel Record Review	N	N	N
Clinical Supervision**	1-9-5.6(c)	Critical	90% (multiple elements)	Policy/Document Review	Y (2.A.25, 2.A.26)	Y (TS 3)	Y (HRM 01.04.01)
Clinical Record Keeping, Basic Requirements: Record System	1-9-5.6(d)(1) 1-9-5.6(d)(2) 1-9-5.6(d)(4) 1-9-5.6(d)(6)	Critical	Y/N	Site Review; Consumer Record Review	Y (2.G / OTP 2.H)	Y (PRG 1; PRG 2)	Y (IM 02.02.01, 02.01.03; RC 01.01.01 - 02.01.01)
Clinical Record Keeping, Basic Requirements: Policies	1-9-5.6(d)(3)	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2.G / OTP 2.H)	Y (PRG 1; PRG 2)	Y (IM 02.02.01, 02.01.03; RC

and Procedures, Content							01.01.01 - 02.01.01)
Clinical Record Keeping, Basic Requirements: Consent for Treatment	1-9-5.6(d)(3)(F)	Critical	Y/N	Consumer Record Review	N	N	N
Discharge Summary	1-9-5.6(e)	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.G.4)	Y (PRG 1.02)	Y (RC 02.04.01)
Critical Incidents: Policies and Procedures	1-9-5.6(f)(1)	Critical	Y/N	Policy Review	N	N	N
Critical Incidents: Timeframe/Content for Critical Incidents	1-9-5.6(f)(2) 1-9-5.6(f)(3)A	Necessary	75% (multiple elements)	Document Review/ Policy and procedures	N	N	N
Critical Incidents: Timeframe/Content for Sentinel Events	1-9-5.6(f)(2) 1-9-5.6(f)(3)B	Critical	90% (multiple elements)	Document Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

\*\*Not applicable to facilities certified under Chapter 16.

\*\*\*Programs certified under Chapter 27 are exempt from non-physical intervention training requirements. Programs certified under Chapter 16, Chapter 27, and outpatient programs certified under Chapter 18 are exempt from physical intervention training requirements.

## Chapter 16: Program-Specific Standards for Community Residential Mental Health Facilities

- Must meet 90% of critical standards and 75% of necessary standards (out of 10 critical and 10 necessary general standards + 21 critical and 6 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 28/31 total critical standards and 12/16 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 10 critical and 10 necessary general standards + 21 critical and 6 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 28/31 total critical standards and 14/16 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Continuity of Care Agreements, Other Service Providers	16-5-1	Critical	Y/N	Document Review			
Socialization and Recreation Services: Provision of Activities	16-5-2(a) 16-5-2(b) 16-5-2(c)	Necessary	75% (multiple elements)	Site Review; Consumer Record Review			
Socialization and Recreation Services: Planning and Documentation	16-5-2(d) 16-5-2(e) 16-5-2(f) 16-5-2(g)	Necessary	75% (multiple elements)	Site Review; Consumer Record Review			
Independent Living Skills Development	16-5-4	Necessary	75% (multiple elements)	Site Review; Consumer Record Review			
Provision of Physical Exercise	16-5-5	Necessary	Y/N	Site Review			
Licensure and Compliance	16-9-1	Critical	Y/N	Document Review			



Clothing	16-13-7	Critical	Y/N	Site Review			
Grooming and Hygiene Supplies	16-13-12	Critical	Y/N	Site Review			
Bathrooms, Tubs and Showers	16-13-12.1	Critical	Y/N	Site Review			
Toilets	16-13-12.2	Critical	Y/N	Site Review			
Toilet Tissue	16-13-31	Critical	Y/N	Site Review			
Recreational Equipment	16-13-36	Necessary	Y/N	Site Review			
Transportation	16-23-1	Critical	Y/N	Personnel Record Review; Site Review			
General Services	16-25-1	Critical	Y/N	Consumer Record Review; Document Review			
Persons with Special Needs	16-25-2	Critical	Y/N	Policy Review			
Resident Behavior	16-27-5	Critical	Y/N	Site Review; Policy Review			
<i>(Referrals for Admission to Enhanced RCF)</i>	<i>16-29-4</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Consumer Record Review</i>			
<i>(Enhanced RCF Activities)</i>	<i>16-29-8</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Consumer Record Review; Site Review</i>			

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Termination of Services to Residents	16-5-6	Critical	90% (multiple elements)	Consumer Record Review			
Psychiatric Care	16-13-42	Critical	Y/N	Consumer Record Review			
Dental Care	16-13-43	Critical	Y/N	Consumer Record Review			
Physician Consultation	16-13-44	Critical	Y/N	Consumer Record Review			
Medication	16-13-48	Critical	90% (multiple elements)	Document Review; Personnel Record Review			
Resident Rights	16-15-1	Critical	90% (multiple elements)	Document Review			
Staff Orientation	16-21-1	Critical	90% (multiple elements)	Personnel Record Review [Also reviewed under 1-9-5.6(b)]			
Staff Availability to Residents	16-21-3	Critical	Y/N	Site Review; Document Review; Personnel Record Review			
Residential Care Staff Licensure and Training Requirements, Administrator	16-21-4	Critical	Y/N	Personnel Record Review			
Residential Care Staff Licensure and Training Requirements, Direct Care Staff	16-21-5	Necessary	75% (multiple elements)	Personnel Record Review [Also reviewed under 1-9-5.6(b)]			

Health Care Services	16-25-3	Critical	90% (multiple elements)	Consumer Record Review			
<i>(On-duty Staff)</i>	16-29-2	Critical	Y/N	Site Review; Document Review			
<i>(Required Staff)</i>	16-29-2.1	Critical	Y/N	Personnel Record Review			
<i>(Required Consultants)</i>	16-29-3	Critical	Y/N	Document Review			
<i>(Admission Criteria for Enhance RCFs)</i>	16-29-7	Necessary	Y/N	Consumer Record Review; Policy Review			

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 17: Program Specific-Standards for Community Mental Health Centers / Certified Community Behavioral Health Clinics

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 18 critical and 37 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 26/29 total critical standards and 38/51 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 18 critical and 37 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 26/29 total critical standards and 44/51 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Organizational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Medication Clinic, Error Rates	17-3-83	Necessary	Y/N	Document Review	Y (2.E.8)	N	Y (MM 08.01.01)
Organizational Authority, Governance and Accreditation - CCBHC	17-5-171	Necessary	Y/N	Document Review	N	N	N
Electronic Health Records and Data Sharing - CCBHC	17-5-190	Necessary	Y/N	Policy/Document Review	N	N	N
Data Reporting, Performance Measurement and Quality Improvement - CCBHC	17-5-192	Necessary	Y/N	Document Review	N	N	N
Board Composition	17-25-2	Critical	Y/N	Document Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Services and Service Areas	17-1-6	Critical	Y/N	Consumer Record Review; Site Review	N	N	N
Required Core Services	17-3-2						
Availability of Services	17-3-3	Critical	Y/N	Document Review; Site Review	N	N	N
Screening and Assessment Services, Access or Referral to Needed Services	17-3-22	Critical	Y/N	Policy Review	Y (2.B.2 – 2.B.6)	Y (MHSU 3)	Y (CTS 02.01.01- 02.01.06)
Pharmacy Services	17-3-85	Critical	Y/N	Policy/Document Review	N	N	N
General Staffing - CCBHC	17-5-172	Necessary	Y/N	Policy/Document Review	N	N	N
Consumer (Patient Care) Registries and Population Health Management - CCBHC	17-5-191	Necessary	Y/N	Policy Review; Site Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Integrated Screening and Assessment Services	17-3-21	Necessary	75% (multiple elements)	Consumer Record Review; Policy Review	Y (2B)	Y (MHSU 3)	Y (CTS 02.01.01-02.02.09)
Emergency Services	17-3-41	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
Emergency Examinations: Access	17-3-42	Critical	Y/N	Document Review; Site Review; Consumer Record Review	N	N	N
Emergency Examinations, Staffing	17-3-43	Critical	Y/N	Personnel Record Review	N	N	N
Outpatient Therapy Services	17-3-61	Necessary	Y/N	Consumer Record Review	N	N	N
Outpatient Therapy Services, Substance Use Disorder, Co-Occurring – HIV/AIDS	17-3-62	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Medication Clinic Services	17-3-81	Critical	90% (multiple elements)	Consumer Record Review; Personnel Record Review	N	N	N
Medication Clinic, Medication Monitoring	17-3-82	Critical	Y/N	Policy Review; Site Review	Y (2.E)	Y (PRG 3)	Y (MM)
<i>(Availability of Medications in a CMHC's Community Living Setting)</i>	17-3-84	Critical	Y/N	<i>Policy Review; Site Review</i>	N	N	N

Case Management Services: Elements of Service; Locale and Frequency	17-3-101 17-3-102	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	17-3-103	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Case Management Services: Staff Credentials	17-3-106	Necessary	Y/N	Personnel Record Review	N	N	N
Psychiatric Rehabilitation Services	17-3-141	Necessary	Y/N	Policy Review	N	N	N
<i>(General Psychosocial Rehabilitation Program)</i>	17-3-144	<i>Necessary</i>	<i>Y/N</i>	<i>Policy/Document Review; Consumer Record Review; Site Review</i>	<i>N</i>	<i>N</i>	<i>N</i>
<i>(ICCD Clubhouse Program)</i>	17-3-146	<i>Necessary</i>	<i>Y/N</i>	<i>Document Review</i>	<i>N</i>	<i>N</i>	<i>N</i>
Individual and Group Rehabilitation Services	17-3-147	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Services to Homeless Individuals	17-3-161	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Peer Recovery Support Services: Elements of Service; Locale and Frequency	17-3-191(a) 17-3-191(b) 17-3-191(c) 17-3-193	Necessary	Y/N	Policy Review; Consumer Record Review	Y (2.A.29-2.A.35)	N	N



Peer Recovery Support Specialists Staff Requirements; Supervision	17-3-191(d) 17-3-192	Necessary	Y/N	Personnel Record Review	N	N	N
Wellness Services and Related Activities	17-3-201	Necessary	Y/N	Consumer Record Review; Personnel Record Review	N	N	N
<i>(Day Treatment Services for Children and Adolescents)</i>	17-5-34	Necessary	Y/N	Consumer Record Review; Site Review	N	N	N
<i>(Vocational Employment Services)</i>	17-5-45	Necessary	Y/N	Consumer Record Review	N	Y (Vocational Rehab Services Module)	Y (if CTS 04.03.01-04.03.13 are applied)
<i>(Community Living Programs)</i>	17-5-56	Necessary	Y/N	Policy/Document Review; Site Review	N	N	N
<i>(Crisis Services)</i>	17-5-81	Necessary	Y/N	Document Review	N	N	N
<i>(Inpatient Services)</i>	17-5-95	Necessary	Y/N	Document Review	N	N	N
Staffing; Treatment Team - CCBHC	17-5-173	Necessary	Y/N	Personnel Record Review; Consumer Record Review	N	N	N
Staff Training - CCBHC	17-5-174	Necessary	75% (multiple elements)	Personnel Record Review	N	N	N
Linguistic Competence - CCBHC	17-5-175	Necessary	Y/N	Policy Review; Personnel Record Review	N	N	N
Availability and Accessibility of Services - CCBHC	17-5-176	Critical	Y/N	Policy/Document Review; Personnel Record Review	N	N	N

General Service Provisions - CCBHC	17-5-177	Critical	Y/N	Policy/Document Review; Consumer Record Review	N	N	N
Preliminary Screening - CCBHC	17-5-178	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
Primary Care Screening and Monitoring - CCBHC	17-5-179	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Initial Assessment and Initial Care Plan - CCBHC	17-5-180	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Comprehensive Care Plan, Content - CCBHC	17-5-181	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Comprehensive Care Plan, Timeframes - CCBHC	17-5-182	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Care Coordination - CCBHC	17-5-183	Necessary	75% (multiple elements)	Policy/Document Review; Consumer Record Review	N	N	N
Crisis Services - CCBHC	17-5-184	Critical	Y/N	Policy Review; Site Review	N	N	N
Outpatient Therapy Services - CCBHC	17-5-185	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Case Management Services - CCBHC	17-5-186	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Behavioral Health Rehabilitation Services - CCBHC	17-5-187	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Peer Support Services - CCBHC	17-5-188	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N

Community-based Mental Health Care for Members of the Armed Forces and Veterans - CCBHC	17-5-189	Necessary	Y/N	Policy/Document Review; Consumer Record Review	N	N	N
Individual Placement and Support Services - CCBHC	17-5-189.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Clinical Record Content, Screening and Assessment	17-7-5	Necessary	75% (multiple elements)	Consumer Record Review; Policy Review	Y (2B)	Y (MHSU 3)	Y (CTS 02.01.01-02.02.09)
Clinical Record Content, On-going Assessment	17-7-5.1	Necessary	Y/N	Policy Review	N	Y (MHSU 3.07)	Y (CTS 02.02.07)
Behavioral Health Service Plan	17-7-8	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C)	Y (MHSU 4)	Y (CTS 03.01.01-03.01.09)
Medication Record	17-7-9	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Progress Notes	17-7-10	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Other Records Content	17-7-11	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Consumer Rights	17-11-1	Critical	90% (multiple elements)	Document Review	N	N	N
Consumer Grievance Policy	17-11-3	Critical	90% (multiple elements)	Policy Review; Site Review	N	N	N
Critical Incident Reporting	17-15-5	Critical	90% (multiple elements)	Document Review	N	N	N

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\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 18: Program-Specific Standards for Outpatient Substance Use Disorder

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 8 critical and 13 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 17/19 total critical standards and 21/27 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 8 critical and 13 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 17/19 total critical standards and 23/27 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
<i>(Standards for Food Service)</i>	18-5-3.2	Necessary	Y/N	Document Review	N	N	N
<i>(Pharmacy Services and Medications)</i>	18-5-5	Critical	Y/N	Policy Review; Site Review	Y (2E)	Y (PRG 3)	Y (MM 1-8)
<i>(Day School)</i>	18-5-6	Necessary	Y/N	Document Review; Site Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

*\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.*

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Clinical Record Content, Screening and Assessment	18-7-21	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.02.09, 02.03.13)
Screening and Assessment, Process Requirements	18-7-22	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.01.06)
Biopsychsocial Assessment	18-7-23	Necessary	75% (multiple elements)	Consumer Record Review	Y (2B)	Y (MHSU 3.03-3.04; RTX 4.03-4.05)	Y (CTS 02.02.01-02.02.09, 02.03.07)
Clinical Record Content, On-going Assessment	18-7-27	Necessary	Y/N	Policy Review	Y (2B)	Y (MHSU 3.07; RTX 4.06)	Y (CTS 02.02.07)
Case Management Services: Elements of Service; Locale and Frequency	18-7-61 18-7-62	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	18-7-63	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Case Management Services: Staff Credentials	18-7-65	Necessary	Y/N	Personnel Record Review	N	N	N

Service Plan	18-7-81	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C; 3.Q.17)	Y (MHSU 4; RTX 6)	Y (CTS 03.01.01-03.01.09)
Progress Notes	18-7-101	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (CTS 06.02.01-06.02.05)
Transition/Discharge Plan	18-7-122	Necessary	75% (multiple elements)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Other Care Record Materials	18-7-141 18-7-142 18-7-143	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Medication Record	18-7-144	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Consumer Rights	18-11-1	Critical	90% (multiple elements)	Document Review	N	N	N
Consumer Grievance Policy	18-11-3	Critical	90% (multiple elements)	Policy Review; Site Review	N	N	N
Levels of Care and Optional Services	18-13-1	Critical	Y/N	Policy Review; Site Review	N	N	N
HIV/STD/AIDS Education, Testing, and Counseling Services	18-13-2	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Outpatient Services: Treatment Services	18-13-21(a) 18-13-21 (b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
Outpatient Services: Environment	18-13-21(b)(1)	Necessary	Y/N	Site Review; Policy Review	N	N	N

Outpatient Services: Support System	18-13-21(b)(2)	Critical	Y/N	Policy Review; Site Review	N	N	N
Outpatient Services: Staff	18-13-21(b)(3)	Critical	90% (multiple elements)	Personnel Record Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service; Locale and Frequency)</i>	18-13-221 18-13-223	Necessary	Y/N	Consumer Record Review	Y (2.A.29-2.A.35)	N	N
<i>(Peer Recovery Support Specialists Staff Requirements)</i>	18-13-222	Necessary	Y/N	Personnel Record Review	N	N	N

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\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.



## Chapter 18: Program-Specific Standards for Adult Halfway House

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 11 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 20/22 total critical standards and 22/29 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 11 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 20/22 total critical standards and 25/29 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Standards for Food Service	18-5-3.2	Necessary	Y/N	Document Review	N	N	N
Dietetic Services	18-5-4	Necessary	Y/N	Policy/Document Review; Site Review	N	N	N
Pharmacy Services and Medications	18-5-5	Critical	Y/N	Policy Review; Site Review	Y (2E)	Y (PRG 3)	Y (MM 1-8)
Medication Assisted Treatment	18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Non-medical Withdrawal Management	18-5-14	Critical	90% (multiple elements)	Policy Review; Personnel Record Review; Site Review	N	N	N
Adult Halfway House Services: Environment	18-13-181(a) 18-13-181 (b)(1)	Critical	Y/N	Policy Review; Site Review [also reviewed under 1-9-5.5(b)]	N	N	N

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\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Clinical Record Content, Screening and Assessment	18-7-21	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.02.09, 02.03.13)
Screening and Assessment, Process Requirements	18-7-22	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.01.06)
Biopsychsocial Assessment	18-7-23	Necessary	75% (multiple elements)	Consumer Record Review	Y (2B)	Y (MHSU 3.03-3.04; RTX 4.03-4.05)	Y (CTS 02.02.01-02.02.09, 02.03.07)
Clinical Record Content, On-going Assessment	18-7-27	Necessary	Y/N	Policy Review	Y (2B)	Y (MHSU 3.07; RTX 4.06)	Y (CTS 02.02.07)
Case Management Services: Elements of Service; Locale and Frequency	18-7-61 18-7-62	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	18-7-63	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Case Management Services: Staff Credentials	18-7-65	Necessary	Y/N	Personnel Record Review	N	N	N

Service Plan	18-7-81	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C; 3.Q.17)	Y (MHSU 4; RTX 6)	Y (CTS 03.01.01-03.01.09)
Progress Notes	18-7-101	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (CTS 06.02.01-06.02.05)
Transition/Discharge Plan	18-7-122	Necessary	75% (multiple elements)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Other Care Record Materials	18-7-141 18-7-142 18-7-143	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Medication Record	18-7-144	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Consumer Rights	18-11-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	18-11-3	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
Levels of Care and Optional Programs	18-13-1	Critical	Y/N	Policy Review	N	N	N
HIV/STD/AIDS Education, Testing, and Counseling Services	18-13-2	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N

Adult Halfway House Services: Support System	18-13-181(b)(2)	Critical	Y/N	Policy Review; Site Review	N	Y (RTX 2, 18; ASE 6)	N
Adult Halfway House Services: Staff	18-13-181(b)(3)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	Y (RT Module, 3Q)	Y (RTX 2, 18)	N
Adult Halfway House Services: Treatment Services	18-13-181(b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service; Locale and Frequency)</i>	18-13-221 18-13-223	Necessary	Y/N	<i>Consumer Record Review</i>	Y (2.A.29-2.A.35)	N	N
<i>(Peer Recovery Support Specialists Staff Requirements)</i>	18-13-222	Necessary	Y/N	<i>Personnel Record Review</i>	N	N	N

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\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 18: Program-Specific Standards for Adolescent Halfway House

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 12 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 21/23 total critical standards and 22/29 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 12 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 21/23 total critical standards and 25/29 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Standards for Food Service	18-5-3.2	Necessary	Y/N	Document Review	N	N	N
Dietetic Services	18-5-4	Necessary	Y/N	Policy/Document Review; Site Review	N	N	N
Pharmacy Services and Medications	18-5-5	Critical	Y/N	Policy Review; Site Review	Y (2E)	Y (PRG 3)	Y (MM 1-8)
Medication Assisted Treatment	18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
(Day School)	18-5-6	Necessary	Y/N	Document Review; Site Review	N	N	N
Non-medical withdrawal management	18-5-14	Critical	Y/N	Policy Review; Personnel Record Review; Site Review	N	N	N

Adolescent Halfway House Services: Environment	18-13-190(a) 18-13-190 (b)(1)	Critical	Y/N	Policy/Document Review; Site Review	N	N	N
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\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Clinical Record Content, Screening and Assessment	18-7-21	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.02.09, 02.03.13)
Screening and Assessment, Process Requirements	18-7-22	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.01.06)
Biopsychsocial Assessment	18-7-23	Necessary	75% (multiple elements)	Consumer Record Review	Y (2B)	Y (MHSU 3.03-3.04; RTX 4.03-4.05)	Y (CTS 02.02.01-02.02.09, 02.03.07)
Clinical Record Content, On-going Assessment	18-7-27	Necessary	Y/N	Policy Review	Y (2B)	Y (MHSU 3.07; RTX 4.06)	Y (CTS 02.02.07)
Case Management Services: Elements of Service; Locale and Frequency	18-7-61 18-7-62	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	18-7-63	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Case Management Services: Staff Credentials	18-7-65	Necessary	Y/N	Personnel Record Review	N	N	N



Service Plan	18-7-81	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C; 3.Q.17)	Y (MHSU 4; RTX 6)	Y (CTS 03.01.01-03.01.09)
Progress Notes	18-7-101	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (CTS 06.02.01-06.02.05)
Transition/Discharge Plan	18-7-122	Necessary	75% (multiple elements)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Other Care Record Materials	18-7-141 18-7-142 18-7-143	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Medication Record	18-7-144	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Consumer Rights	18-11-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	18-11-3	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
Levels of Care and Optional Programs	18-13-1	Critical	Y/N	Policy Review; Site Review	N	N	N
HIV/STD/AIDS Education, Testing, and Counseling Services	18-13-2	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N

Adolescent Halfway House Services: Support System	18-13-190(b)(2)	Critical	Y/N	Policy Review; Site Review	N	N	N
Adolescent Halfway House Services: Staff	18-13-190(b)(3)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	N	N	N
Adolescent Halfway House Services: Treatment Services	18-13-190(b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
Adolescent Halfway House Services: Assessment	18-13-190(b)(5)	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service; Locale and Frequency)</i>	18-13-221 18-13-223	Necessary	Y/N	Consumer Record Review	Y (2.A.29-2.A.35)	N	N
<i>(Peer Recovery Support Specialists Staff Requirements)</i>	18-13-222	Necessary	Y/N	Personnel Record Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 18: Program-Specific Standards for Halfway House for Persons with Dependent Children and Pregnant Women

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 11 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 20/22 total critical standards and 22/29 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 11 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 20/22 total critical standards and 25/29 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Standards for Food Service	18-5-3.2	Necessary	Y/N	Document Review	N	N	N
Dietetic Services	18-5-4	Necessary	Y/N	Policy/Document Review; Site Review	N	N	N
Pharmacy Services and Medications	18-5-5	Critical	Y/N	Policy Review; Site Review	Y (2E)	Y (PRG 3)	Y (MM 1-8)
Medication Assisted Treatment	18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
(Day School)	18-5-6	Necessary	Y/N	Document Review; Site Review	N	N	N
Non-medical withdrawal management	18-5-14	Critical	Y/N	Policy Review; Personnel Record Review; Site Review	N	N	N
Halfway House Services for Persons with	18-13-201(a) 18-13-201 (b)(1)	Critical	Y/N	Policy Review; Site Review	N	N	N

Dependent Children and Pregnant Women: Environment							
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**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Clinical Record Content, Screening and Assessment	18-7-21	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.02.09, 02.03.13)
Screening and Assessment, Process Requirements	18-7-22	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.01.06)
Biopsychsocial Assessment	18-7-23	Necessary	75% (multiple elements)	Consumer Record Review	Y (2B)	Y (MHSU 3.03-3.04; RTX 4.03-4.05)	Y (CTS 02.02.01-02.02.09, 02.03.07)
Clinical Record Content, On-going Assessment	18-7-27	Necessary	Y/N	Policy Review	Y (2B)	Y (MHSU 3.07; RTX 4.06)	Y (CTS 02.02.07)
Case Management Services: Elements of Service; Locale and Frequency	18-7-61 18-7-62	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	18-7-63	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Case Management Services: Staff Credentials	18-7-65	Necessary	Y/N	Personnel Record Review	N	N	N

Service Plan	18-7-81	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C; 3.Q.17)	Y (MHSU 4; RTX 6)	Y (CTS 03.01.01-03.01.09)
Progress Notes	18-7-101	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (CTS 06.02.01-06.02.05)
Transition/Discharge Plan	18-7-122	Necessary	75% (multiple elements)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Other Care Record Materials	18-7-141 18-7-142 18-7-143	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Medication Record	18-7-144	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Consumer Rights	18-11-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	18-11-3	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
Levels of Care and Optional Programs	18-13-1	Critical	Y/N	Policy Review; Site Review	N	N	N
HIV/STD/AIDS Education, Testing, and Counseling Services	18-13-2	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Halfway House Services for Persons with	18-13-201(b)(2)	Critical	Y/N	Policy Review; Site Review	N	N	N

Dependent Children and Pregnant Women: Support System							
Halfway House Services for Persons with Dependent Children and Pregnant Women: Staff	18-13-201(b)(3)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	N	N	N
Halfway House Services for Persons with Dependent Children and Pregnant Women: Treatment Services	18-13-201(b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service; Locale and Frequency)</i>	18-13-221 18-13-223	Necessary	Y/N	Consumer Record Review	Y (2.A.29-2.A.35)	N	N
<i>(Peer Recovery Support Specialists Staff Requirements)</i>	18-13-222	Necessary	Y/N	Personnel Record Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 18: Program-Specific Standards for Adult Residential

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 11 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 20/22 total critical standards and 22/29 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 11 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 20/22 total critical standards and 25/29 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Standards for Food Service	18-5-3.2	Necessary	Y/N	Document Review	N	N	N
Dietetic Services	18-5-4	Necessary	Y/N	Policy/Document Review; Site Review	N	N	N
Pharmacy Services and Medications	18-5-5	Critical	Y/N	Policy Review; Site Review	Y (2E)	Y (PRG 3)	Y (MM 1-8)
Medication Assisted Treatment	18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Non-medical Withdrawal Management	18-5-14	Critical	Y/N	Policy Review; Personnel Record Review; Site Review	N	N	N
Residential Treatment for Adults: Environment	18-13-101(a) 18-13-101 (b)(4)	Critical	Y/N	Policy Review; Site Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.



### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Clinical Record Content, Screening and Assessment	18-7-21	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.02.09, 02.03.13)
Screening and Assessment, Process Requirements	18-7-22	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.01.06)
Biopsychsocial Assessment	18-7-23	Necessary	75% (multiple elements)	Consumer Record Review	Y (2B)	Y (MHSU 3.03-3.04; RTX 4.03-4.05)	Y (CTS 02.02.01-02.02.09, 02.03.07)
Clinical Record Content, On-going Assessment	18-7-27	Necessary	Y/N	Policy Review	Y (2B)	Y (MHSU 3.07; RTX 4.06)	Y (CTS 02.02.07)
Case Management Services: Elements of Service; Locale and Frequency	18-7-61 18-7-62	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	18-7-63	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Case Management Services: Staff Credentials	18-7-65	Necessary	Y/N	Personnel Record Review	N	N	N

Service Plan	18-7-81	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C; 3.Q.17)	Y (MHSU 4; RTX 6)	Y (CTS 03.01.01-03.01.09)
Progress Notes	18-7-101	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (CTS 06.02.01-06.02.05)
Transition/Discharge Plan	18-7-122	Necessary	75% (multiple elements)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Other Care Record Materials	18-7-141 18-7-142 18-7-143	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Medication Record	18-7-144	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Consumer Rights	18-11-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	18-11-3	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
Levels of Care and Optional Programs	18-13-1	Critical	Y/N	Policy Review; Site Review	N	N	N
HIV/STD/AIDS Education, Testing, and Counseling Services	18-13-2	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N

Residential Treatment for Adults: Support System	18-13-101(b)(1)	Critical	Y/N	Policy Review; Site Review	N	Y (RTX 2, 18; ASE 6)	N
Residential Treatment for Adults: Staff	18-13-101(b)(2)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	Y (RT Module, 3Q)	Y (RTX 2, 18)	N
Residential Treatment for Adults: Treatment Services	18-13-101 (b)(3)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service; Locale and Frequency)</i>	18-13-221 18-13-223	Necessary	Y/N	<i>Consumer Record Review</i>	Y (2.A.29-2.A.35)	N	N
<i>(Peer Recovery Support Specialists Staff Requirements)</i>	18-13-22	Necessary	Y/N	<i>Personnel Record Review</i>	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 18: Program-Specific Standards for Adult Residential Treatment, Co-Occurring

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 11 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 20/22 total critical standards and 22/29 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 11 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 20/22 total critical standards and 25/29 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Standards for Food Service	18-5-3.2	Necessary	Y/N	Document Review	N	N	N
Dietetic Services	18-5-4	Necessary	Y/N	Policy/Document Review; Site Review	N	N	N
Pharmacy Services and Medications	18-5-5	Critical	Y/N	Policy Review; Site Review	Y (2E)	Y (PRG 3)	Y (MM 1-8)
Medication Assisted Treatment	18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Non-medical Withdrawal Management	18-5-14	Critical	Y/N	Policy Review; Personnel Record Review; Site Review	N	N	N
Adult Residential Treatment for Consumers with Co-Occurring Disorders: Environment	18-13-141(a) 18-13-141 (b)(5)	Critical	Y/N	Policy Review; Site Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Clinical Record Content, Screening and Assessment	18-7-21	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.02.09, 02.03.13)
Screening and Assessment, Process Requirements	18-7-22	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.01.06)
Biopsychsocial Assessment	18-7-23	Necessary	75% (multiple elements)	Consumer Record Review	Y (2B)	Y (MHSU 3.03-3.04; RTX 4.03-4.05)	Y (CTS 02.02.01-02.02.09, 02.03.07)
Clinical Record Content, On-going Assessment	18-7-27	Necessary	Y/N	Policy Review	Y (2B)	Y (MHSU 3.07; RTX 4.06)	Y (CTS 02.02.07)
Case Management Services: Elements of Service; Locale and Frequency	18-7-61 18-7-62	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	18-7-63	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Case Management Services: Staff Credentials	18-7-65	Necessary	Y/N	Personnel Record Review	N	N	N

Service Plan	18-7-81	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C; 3.Q.17)	Y (MHSU 4; RTX 6)	Y (CTS 03.01.01-03.01.09)
Progress Notes	18-7-101	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (CTS 06.02.01-06.02.05)
Transition/Discharge Plan	18-7-122	Necessary	75% (multiple elements)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Other Care Record Materials	18-7-141 18-7-142 18-7-143	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Medication Record	18-7-144	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Consumer Rights	18-11-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	18-11-3	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
Levels of Care and Optional Programs	18-13-1	Critical	Y/N	Policy Review; Site Review	N	N	N
HIV/STD/AIDS Education, Testing, and Counseling Services	18-13-2	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Adult Residential Treatment for	18-13-141(b)(1)	Critical	Y/N	Policy Review; Site Review	N	N	N

Consumers with Co-Occurring Disorders: Support System							
Adult Residential Treatment for Consumers with Co-Occurring Disorders: Staff	18-13-141(b)(2)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	Y (RT Module, 3Q)	Y (RTX 2, 18)	N
Adult Residential Treatment for Consumers with Co-Occurring Disorders: Treatment Services	18-13-141(b)(3) 18-13-141(b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service; Locale and Frequency)</i>	18-13-221 18-13-223	Necessary	Y/N	Consumer Record Review	Y (2.A.29-2.A.35)	N	N
<i>(Peer Recovery Support Specialists Staff Requirements)</i>	18-13-222	Necessary	Y/N	Personnel Record Review	N	N	N

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## Chapter 18: Program-Specific Standards for Adolescent Residential

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 12 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 21/23 total critical standards and 22/29 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 12 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 21/23 total critical standards and 25/29 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Standards for Food Service	18-5-3.2	Necessary	Y/N	Document Review	N	N	N
Dietetic Services	18-5-4	Necessary	Y/N	Policy/Document Review; Site Review	N	N	N
Pharmacy Services and Medications	18-5-5	Critical	Y/N	Policy Review; Site Review	Y (2E)	Y (PRG 3)	Y (MM 1-8)
Medication Assisted Treatment	18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
<i>(Day School)</i>	<i>18-5-6</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Document Review; Site Review</i>	<i>N</i>	<i>N</i>	<i>N</i>
Non-medical Withdrawal Management	18-5-14	Critical	Y/N	Policy Review; Personnel Record Review; Site Review	N	N	N
Residential Treatment for Adolescents: Environment	18-13-161(a) 18-13-161(b)(1) 18-13-161 (b)(6)	Critical	Y/N	Policy/Document Review; Site Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Clinical Record Content, Screening and Assessment	18-7-21	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.02.09, 02.03.13)
Screening and Assessment, Process Requirements	18-7-22	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01-02.01.06)
Biopsychsocial Assessment	18-7-23	Necessary	75% (multiple elements)	Consumer Record Review	Y (2B)	Y (MHSU 3.03-3.04; RTX 4.03-4.05)	Y (CTS 02.02.01-02.02.09, 02.03.07)
Clinical Record Content, On-going Assessment	18-7-27	Necessary	Y/N	Policy Review	Y (2B)	Y (MHSU 3.07; RTX 4.06)	Y (CTS 02.02.07)
Case Management Services: Elements of Service; Locale and Frequency	18-7-61 18-7-62	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	18-7-63	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Case Management Services: Staff Credentials	18-7-65	Necessary	Y/N	Personnel Record Review	N	N	N

Service Plan	18-7-81	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C; 3.Q.17)	Y (MHSU 4; RTX 6)	Y (CTS 03.01.01-03.01.09)
Progress Notes	18-7-101	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (CTS 06.02.01-06.02.05)
Transition/Discharge Plan	18-7-122	Necessary	75% (multiple elements)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Other Care Record Materials	18-7-141 18-7-142 18-7-143	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Medication Record	18-7-144	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Consumer Rights	18-11-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	18-11-3	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
Levels of Care and Optional Programs	18-13-1	Critical	Y/N	Policy Review; Site Review	N	N	N
HIV/STD/AIDS Education, Testing, and Counseling Services	18-13-2	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N

Residential Treatment for Adolescents: Support System	18-13-161(b)(2)	Critical	Y/N	Policy Review; Site Review	N	N	N
Residential Treatment for Adolescents: Staff	18-13-161(b)(3)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	N	N	N
Residential Treatment for Adolescents: Treatment Services	18-13-161 (b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
Residential Treatment for Adolescents: Assessment	18-13-161(b)(5)	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service; Locale and Frequency)</i>	<i>18-13-221 18-13-223</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Consumer Record Review</i>	<i>Y (2.A.29-2.A.35)</i>	<i>N</i>	<i>N</i>
<i>(Peer Recovery Support Specialists Staff Requirements)</i>	<i>18-13-222</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Personnel Record Review</i>	<i>N</i>	<i>N</i>	<i>N</i>

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 18: Program-Specific Standards for Residential Treatment for Persons with Dependent Children and Pregnant Women

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 11 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 20/22 total critical standards and 22/29 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 11 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 20/22 total critical standards and 25/29 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Standards for Food Service	18-5-3.2	Necessary	Y/N	Document Review	N	N	N
Dietetic Services	18-5-4	Necessary	Y/N	Policy/Document Review; Site Review	N	N	N
Pharmacy Services and Medications	18-5-5	Critical	Y/N	Policy Review; Site Review	Y (2E)	Y (PRG 3)	Y (MM 1-8)
Medication Assisted Treatment	18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
(Day School)	18-5-6	Necessary	Y/N	Document Review; Site Review	N	N	N
Non-medical Withdrawal Management	18-5-14	Critical	Y/N	Policy Review; Personnel Record Review; Site Review	N	N	N
Residential Treatment for Persons with	18-13-121(a)	Critical	Y/N	Policy/Document Review; Site Review	N	N	N

Dependent Children and Pregnant Women: Environment	18-13-121(b)(1) 18-13-121(b)(5)						
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**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Clinical Record Content, Screening and Assessment	18-7-21	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01- 02.02.09, 02.03.13)
Screening and Assessment, Process Requirements	18-7-22	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01- 02.01.06)
Biopsychsocial Assessment	18-7-23	Necessary	75% (multiple elements)	Consumer Record Review	Y (2B)	Y (MHSU 3.03-3.04; RTX 4.03- 4.05)	Y (CTS 02.02.01- 02.02.09, 02.03.07)
Clinical Record Content, On-going Assessment	18-7-27	Necessary	Y/N	Policy Review	Y (2B)	Y (MHSU 3.07; RTX 4.06)	Y (CTS 02.02.07)
Case Management Services: Elements of Service; Locale and Frequency	18-7-61 18-7-62	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	18-7-63	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Case Management Services: Staff Credentials	18-7-65	Necessary	Y/N	Personnel Record Review	N	N	N



Service Plan	18-7-81	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C; 3.Q.17)	Y (MHSU 4; RTX 6)	Y (CTS 03.01.01-03.01.09)
Progress Notes	18-7-101	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (CTS 06.02.01-06.02.05)
Transition/Discharge Plan	18-7-122	Necessary	75% (multiple elements)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Other Care Record Materials	18-7-141 18-7-142 18-7-143	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Medication Record	18-7-144	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Consumer Rights	18-11-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	18-11-3	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
Levels of Care and Optional Programs	18-13-1	Critical	Y/N	Policy Review; Site Review	N	N	N
HIV/STD/AIDS Education, Testing, and Counseling Services	18-13-2	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Residential Treatment for Persons with	18-13-121(b)(2)	Critical	Y/N	Policy Review; Site Review	N	N	N

Dependent Children and Pregnant Women: Support System							
Residential Treatment for Persons with Dependent Children and Pregnant Women: Staff	18-13-121(b)(3)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	N	N	N
Residential Treatment for Persons with Dependent Children and Pregnant Women: Treatment Services	18-13-121 (b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service; Locale and Frequency)</i>	18-13-221 18-13-223	Necessary	Y/N	Consumer Record Review	Y (2.A.29-2.A.35)	N	N
<i>(Peer Recovery Support Specialists Staff Requirements)</i>	18-13-222	Necessary	Y/N	Personnel Record Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 18: Program-Specific Standards for Medically Supervised Withdrawal Management

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 12 critical and 13 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 21/23 total critical standards and 21/27 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 12 critical and 13 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 21/23 total critical standards and 23/27 total necessary standards**

*\*Please note that your total standards may change based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Standards for Food Service	18-5-3.2	Necessary	Y/N	Document Review	N	N	N
Dietetic Services	18-5-4	Necessary	Y/N	Policy/Document Review; Site Review	N	N	N
Pharmacy Services and Medications	18-5-5	Critical	Y/N	Policy Review; Site Review	Y (2E)	Y (PRG 3)	Y (MM 1-8)
Medication Assisted Treatment	18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Medically Supervised Withdrawal Management: Environment	18-13-61(a) 18-13-61(b)(1)	Critical	Y/N	Policy/Document Review; Site Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

*\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.*

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCACHO
Clinical Record Content, Screening and Assessment	18-7-21	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01- 02.02.09, 02.03.13)
Screening and Assessment, Process Requirements	18-7-22	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01- 02.01.06)
Clinical Record Content, On-going Assessment	18-7-27	Necessary	Y/N	Policy Review	Y (2B)	Y (MHSU 3.07; RTX 4.06)	Y (CTS 02.02.07)
Case Management Services: Elements of Service; Locale and Frequency	18-7-61 18-7-62	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	18-7-63	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Case Management Services: Staff Credentials	18-7-65	Necessary	Y/N	Personnel Record Review	N	N	N
Service Plans	18-7-84	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
Progress Notes	18-7-101	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N

Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (CTS 06.02.01-06.02.05)
Transition/Discharge Plan	18-7-122	Necessary	75% (multiple elements)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Other Care Record Materials	18-7-141 18-7-142 18-7-143	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Medication Record	18-7-144	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Consumer Rights	18-11-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	18-11-3	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
Levels of Care and Optional Programs	18-13-1	Critical	Y/N	Policy Review; Site Review	N	N	N
HIV/STD/AIDS Education, Testing, and Counseling Services	18-13-2	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Medically Supervised Withdrawal Management: Support System	18-13-61(b)(2)	Critical	Y/N	Policy Review; Site Review	Y (DTX Module, 3H)	N	N
Medically Supervised Withdrawal Management: Staff	18-13-61(b)(3)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	N	N	N

Medically Supervised Withdrawal Management: Treatment Services	18-13-61(a), (b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
Medically Supervised Withdrawal Management: Assessment	18-31-61(b)(5)	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service; Locale and Frequency)</i>	18-13-221 18-13-223	Necessary	Y/N	Consumer Record Review	Y (2.A.29-2.A.35)	N	N
<i>(Peer Recovery Support Specialists Staff Requirements)</i>	18-13-222	Necessary	Y/N	Personnel Record Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 23: Program-Specific Standards for Stand Alone Urgent Recovery Clinic

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 13 critical and 6 necessary program specific standards)
  - **Minimal compliance = 22/24 total critical standards and 15/20 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 13 critical and 6 necessary program specific standards)
  - **Minimal compliance = 22/24 total critical standards and 17/20 total necessary standards**

### Core Organizational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Medication, Error Rates	23-21-3	Necessary	Y/N	Document Review	Y (2.E.8)	N	Y (MM 08.01.01)

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Pharmacy Services	23-3-9	Critical	Y/N	Site Review; Document Review; Consumer Record Review	N	N	N
Facility Environment	23-21-1	Necessary	75% (multiple elements)	Site Review; Policy/Document Review; Personnel Record Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Urgent Recovery Clinic Services	23-3-21	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Urgent Recovery Crisis Response: Availability and Services	23-3-22(a) 23-3-22(c) 23-3-22(d)	Critical	90% (multiple elements)	Site Review; Policy Review; Consumer Record Review	N	N	N
Urgent Recovery Crisis Response: Staff	23-3-22(b)	Critical	90% (multiple elements)	Personnel Record Review	N	N	N
URC Crisis Intervention Services	23-3-23	Critical	Y/N	Site Review; Personnel Record Review; Consumer Record Review	N	N	N
Linkage Services: Higher Levels of Care	23-3-24 23-3-7	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
Linkage Services: Services to Homeless Individuals	23-3-24 23-3-8	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Intake and Assessment	23-5-4 <i>*23-5-4(a) and 23-5-4(c) do not apply</i>	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
Health, Mental Health, Substance Abuse, and Drug History	23-5-5	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Progress Notes	23-5-6	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Medication Record	23-5-7	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Other Records Content	23-5-9	Necessary	Y/N/NA	Consumer Record Review	N	N	N



Consumer Rights	23-9-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	23-9-2	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
Mechanical Restraints for Adult Consumers Only	23-9-4	Critical	90% (multiple elements)	Policy/Document Review; Site Review; Consumer Record Review	N	N	N
Mechanical Restraints Will Not Be Used for Minors in Treatment	23-9-5	Critical	Y/N	Policy Review; Site Review; Consumer Record Review	N	N	N
Medication Clinic, Medication Monitoring	23-21-2	Critical	Y/N	Policy Review; Site Review	Y (2.E)	Y (PRG 3)	Y (MM)

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

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## Chapter 23: Program-Specific Standards for Add-On Urgent Recovery Clinic

*\*\*For add-on URC certification, all standards below must be met. \*\**

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Urgent Recovery Clinic Services	23-3-21	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Urgent Recovery Crisis Response: Availability and Services	23-3-22(a) 23-3-22(c) 23-3-22(d)	Critical	Y/N	Site Review; Policy Review; Consumer Record Review	N	N	N
Urgent Recovery Crisis Response: Staff	23-3-22(b)	Critical	90% (multiple elements)	Personnel Record Review	N	N	N
URC Crisis Intervention Services	23-3-23	Critical	Y/N	Site Review; Personnel Record Review; Consumer Record Review	N	N	N

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 23: Program Specific Standards for Facility-Based Crisis Stabilization (Crisis Unit)

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 15 critical and 5 necessary program specific standards)
  - **Minimal compliance = 24/26 total critical standards and 15/19 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 15 critical and 5 necessary program specific standards)
  - **Minimal compliance = 24/26 total critical standards and 17/19 total necessary standards**

### Core Organizational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Medication, Error Rates	23-21-3	Necessary	Y/N	Document Review	Y (2.E.8)	N	Y (MM 08.01.01)

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Pharmacy Services	23-3-9	Critical	Y/N	Site Review; Document Review; Consumer Record Review	N	N	N
Facility Environment	23-21-1	Critical	90% (multiple elements)	Site Review; Policy/Document Review; Personnel Record Review	N	N	N

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### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Facility-Based Crisis Stabilization	23-3-2	Critical	Y/N	Policy Review; Site Review; Consumer Record Review	N	N	N
Crisis Stabilization, Triage: Availability and Services	23-3-3(a) 23-3-3(c) 23-3-3(d)	Critical	Y/N	Policy Review; Site Review	N	N	N
Crisis Stabilization, Triage: Staff	23-3-3(b)	Critical	90% (multiple elements)	Personnel Record Review	N	N	N
Crisis Stabilization, Psychiatric, Substance Use Disorder and Co-occurring Services: Availability and Services	23-3-5(a) 23-3-5(e) 23-3-5(f)	Critical	90% (multiple elements)	Site Review; Consumer Record Review	N	N	N
Crisis Stabilization, Psychiatric, Substance Use Disorder and Co-occurring Services: Staff	23-3-5(b) 23-3-5(c) 23-3-5(d)	Critical	90% (multiple elements)	Personnel Record Review	N	N	N
Linkage Services	23-3-7	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
Services to Homeless Individuals	23-3-8	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Intake and Assessment	23-5-4 <i>*23-5-4(d) does not apply</i>	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
Health, Mental Health, Substance Abuse, and Drug History	23-5-5	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Progress Notes	23-5-6	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N

Medication Record	23-5-7	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Aftercare and Discharge Summary	23-5-8	Necessary	75% (multiple elements)	Consumer Record Review	Y (2D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Other Records Content	23-5-9	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Consumer Rights	23-9-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	23-9-2	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
Mechanical Restraints for Adult Consumers Only	23-9-4	Critical	90% (multiple elements)	Policy/Document Review; Site Review; Consumer Record Review	N	N	N
Mechanical Restraints Will Not Be Used for Minors in Treatment	23-9-5	Critical	Y/N	Policy Review; Site Review; Consumer Record Review	N	N	N
Medication Clinic, Medication Monitoring	23-21-2	Critical	Y/N	Policy Review; Site Review	Y (2.E)	Y (PRG 3)	Y (MM)

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## Chapter 24: Program-Specific Standards for Comprehensive Community Addiction Recovery Centers

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 16 critical and 20 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 25/27 total critical standards and 26/34 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 16 critical and 20 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 25/27 total critical standards and 29/34 total necessary standards**

*\*Please note that your total standards may change drastically based on optional services provided and their associated standards.*

### Core Organizational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Core Community Addiction Recovery Services	24-3-2	Critical	Y/N	Site Review; Consumer Record Review	N	N	N
Board Composition	24-23-2	Critical	Y/N	Document Review	N	N	N

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Availability of Services	24-3-3	Critical	Y/N	Document Review; Site Review	N	N	N
Ambulatory Withdrawal Management Services, Environment	24-3-64	Critical	Y/N	Policy Review; Site Review	N	N	N
Medication Clinic, Error Rates	24-3-123	Necessary	Y/N	Document Review	Y (2.E.8)	N	Y (MM 08.01.01)

<i>(Medically Supervised Withdrawal Management: MAT)</i>	24-5-11 18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
<i>(Medically Supervised Withdrawal Management: Environment)</i>	24-5-11 18-13-61(a) 18-13-61(b)(1)	Critical	Y/N	Policy/Document Review; Site Review	N	N	N
<i>(Residential Treatment for Adults: MAT)</i>	24-5-21 18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
<i>(Residential Treatment for Adults: Non-Medical Withdrawal Management)</i>	24-5-21 18-5-14	Critical	Y/N	Policy Review; Personnel Record Review; Site Review	N	N	N
<i>(Residential Treatment for Adults: Environment)</i>	24-5-21 18-13-101(a) 18-13-101 (b)(4)	Critical	Y/N	Policy Review; Site Review	N	N	N
<i>(Residential Treatment for Persons with Dependent Children and Pregnant Women: MAT)</i>	24-5-41 18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
<i>(Residential Treatment for Persons with Dependent Children and Pregnant Women: Non-Medical Withdrawal Management)</i>	24-5-41 18-5-14	Critical	Y/N	Policy Review; Personnel Record Review; Site Review	N	N	N
<i>(Residential Treatment for Persons with Dependent Children and Pregnant Women: Environment)</i>	24-5-41 18-13-121(a) 18-13-121(b)(1) 18-13-121(b)(5)	Critical	Y/N	Policy/Document Review; Site Review	N	N	N

<i>(Adult Residential Treatment for Consumers with Co-Occurring Disorders: MAT)</i>	24-5-61 18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
<i>(Adult Residential Treatment for Consumers with Co-Occurring Disorders: Non-Medical Withdrawal Management)</i>	24-5-61 18-5-14	Critical	Y/N	Policy Review; Personnel Record Review; Site Review	N	N	N
<i>(Adult Residential Treatment for Consumers with Co-Occurring Disorders: Environment)</i>	24-5-61 18-13-141(a) 18-13-141 (b)(5)	Critical	Y/N	Policy Review; Site Review	N	N	N
<i>(Residential Treatment for Adolescents: MAT)</i>	24-5-81 18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
<i>(Residential Treatment for Adolescents: Non-Medical Withdrawal Management)</i>	24-5-81 18-5-14	Critical	Y/N	Policy Review; Personnel Record Review; Site Review	N	N	N
<i>(Residential Treatment for Adolescents: Environment)</i>	24-5-81 18-13-161(a) 18-13-161(b)(1) 18-13-161 (b)(6)	Critical	Y/N	Policy/Document Review; Site Review	N	N	N
<i>(Adult Halfway House Services: MAT)</i>	24-5-101 18-5-5.1	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N



<i>(Adult Halfway House Services: Non-Medical Withdrawal Management)</i>	24-5-101 18-5-14	<i>Critical</i>	Y/N	<i>Policy Review; Personnel Record Review; Site Review</i>	N	N	N
<i>(Adult Halfway House Services: Environment)</i>	24-5-101 18-13-181(a) 18-13-181 (b)(1)	<i>Critical</i>	Y/N	<i>Policy Review; Site Review [Also reviewed under 1-9-5.5(b)]</i>	N	N	N
<i>(Adolescent Halfway House Services: MAT)</i>	24-5-121 18-5-5.1	<i>Necessary</i>	Y/N	<i>Policy Review; Consumer Record Review</i>	N	N	N
<i>(Adolescent Halfway House Services: Non-Medical Withdrawal Management)</i>	24-5-121 18-5-14	<i>Critical</i>	Y/N	<i>Policy Review; Personnel Record Review; Site Review</i>	N	N	N
<i>(Adolescent Halfway House Services: Environment)</i>	24-5-121 18-13-190(a) 18-13-190 (b)(1)	<i>Critical</i>	Y/N	<i>Policy/Document Review; Site Review</i>	N	N	N
<i>(Halfway House Services for Persons with Dependent Children and Pregnant Women: MAT)</i>	24-5-141 18-5-5.1	<i>Necessary</i>	Y/N	<i>Policy Review; Consumer Record Review</i>	N	N	N
<i>(Halfway House Services for Persons with Dependent Children and Pregnant Women: Non-Medical Withdrawal Management)</i>	24-5-141 18-5-14	<i>Critical</i>	Y/N	<i>Policy Review; Personnel Record Review; Site Review</i>	N	N	N
<i>(Halfway House Services for Persons with Dependent Children and</i>	24-5-141 18-13-201(a) 18-13-201 (b)(1)	<i>Critical</i>	Y/N	<i>Policy Review; Site Review</i>	N	N	N

<i>Pregnant Women: Environment)</i>							
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**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Integrated Screening and Assessment Services Clinical Record Content, Screening and Assessment	24-3-21(a)  24-7-5	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01- 02.02.09, 02.03.13)
Integrated Screening and Assessment Services: Biopsychsocial Assessment	24-3-21(b) 24-3-21(c)	Necessary	75% (multiple elements)	Consumer Record Review	Y (2B)	Y (MHSU 3.03-3.04; RTX 4.03-4.05)	Y (CTS 02.02.01- 02.02.09, 02.03.07)
Screening and Assessment Services, Access or Referral to Needed Services	24-3-22	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01- 02.01.06)
Emergency Services	24-3-41	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
Emergency Crisis Intervention	24-3-42	Critical	Y/N	Document Review; Site Review; Consumer Record Review	N	N	N
Crisis Intervention, Staffing	24-3-43	Critical	Y/N	Personnel Record Review	N	N	N
Ambulatory Withdrawal Management Services: Services	24-3-61	Critical	90% (multiple elements)	Site Review; Consumer Record Review	N	N	N

Ambulatory Withdrawal Management Services: Staff	24-3-62	Critical	90% (multiple elements)	Personnel Record Review	N	N	N
Ambulatory Withdrawal Management Services: Assessment/Placement	24-3-63	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
Ambulatory Withdrawal Management Services, Substance Use Disorder, Co-occurring	24-3-65	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Outpatient Treatment Services	24-3-81	Critical	Y/N	Site Review; Consumer Record Review	N	N	N
Intensive Outpatient Treatment Services	24-3-101	Necessary	Y/N	Site Review; Consumer Record Review	N	N	N
Medication Clinic Services	24-3-121	Critical	90% (multiple elements)	Consumer Record Review; Personnel Record Review	N	N	N
Medication Clinic, Medication Monitoring	24-3-122	Critical	Y/N	Policy Review; Site Review	Y (2.E)	Y (PRG 3)	Y (MM)
Case Management Services: Elements of Service; Locale and Frequency	24-3-141 24-3-142	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Case Management Services for Consumers Admitted to Higher Levels of Care	24-3-143	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N

Case Management Services, Staff Credentials	24-3-144	Necessary	Y/N	Personnel Record Review	N	N	N
Rehabilitation Services	24-3-161	Necessary	Y/N	Policy Review	N	N	N
Individual and Group Rehabilitation Services	24-3-162	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Services to Homeless Individuals	24-3-181	Necessary	Y/N	Policy Review; Consumer Record Review	N	N	N
Peer Recovery Support Services: Elements of Service; Locale and Frequency	24-3-201 24-3-203	Necessary	Y/N	Consumer Record Review	Y (2.A.29-2.A.35)	N	N
Peer Recovery Support Specialists Staff Requirements	24-3-202	Necessary	Y/N	Personnel Record Review	N	N	N
Wellness Services and Related Activities	24-3-221	Necessary	Y/N	Consumer Record Review; Personnel Record Review	N	N	N
<i>(Medically Supervised Withdrawal Management: Support System)</i>	24-5-11 18-13-61(b)(2)	<i>Critical</i>	Y/N	<i>Policy Review; Site Review</i>	<i>Y (DTX Module, 3H)</i>	<i>N</i>	<i>N</i>
<i>(Medically Supervised Withdrawal Management: Staff)</i>	24-5-11 18-13-61(b)(3)	<i>Critical</i>	90% (multiple elements)	<i>Personnel Record Review; Site Review; Document Review</i>	<i>N</i>	<i>N</i>	<i>N</i>
<i>(Medically Supervised Withdrawal Management: Treatment Services)</i>	24-5-11 18-13-61(a), (b)(4)	<i>Critical</i>	90% (multiple elements)	<i>Consumer Record Review; Site Review</i>	<i>N</i>	<i>N</i>	<i>N</i>
<i>(Medically Supervised Withdrawal)</i>	24-5-11 18-31-61(b)(5)	<i>Critical</i>	90% (multiple elements)	<i>Consumer Record Review</i>	<i>N</i>	<i>N</i>	<i>N</i>

<i>Management: Assessment)</i>							
<i>(Residential Treatment for Adults: Support System)</i>	24-5-21 18-13-101(b)(1)	<i>Critical</i>	Y/N	<i>Policy Review; Site Review</i>	N	Y (RTX 2, 18; ASE 6)	N
<i>(Residential Treatment for Adults: Staff)</i>	24-5-21 18-13-101(b)(2)	<i>Critical</i>	90% (multiple elements)	<i>Personnel Record Review; Site Review; Document Review</i>	Y (RT Module, 3Q)	Y (RTX 2, 18)	N
<i>(Residential Treatment for Adults: Treatment Services )</i>	24-5-21 18-13-101(b)(3)	<i>Critical</i>	90% (multiple elements)	<i>Consumer Record Review; Site Review</i>	N	N	N
<i>(Residential Treatment for Persons with Dependent Children and Pregnant Women: Support System)</i>	24-5-41 18-13-121(b)(2)	<i>Critical</i>	Y/N	<i>Policy Review; Site Review</i>	N	N	N
<i>(Residential Treatment for Persons with Dependent Children and Pregnant Women: Staff)</i>	24-5-41 18-13-121(b)(3)	<i>Critical</i>	90% (multiple elements)	<i>Personnel Record Review; Site Review; Document Review</i>	N	N	N
<i>(Residential Treatment for Persons with Dependent Children and Pregnant Women: Treatment Services)</i>	24-5-41 18-13-121 (b)(4)	<i>Critical</i>	90% (multiple elements)	<i>Consumer Record Review; Site Review</i>	N	N	N
<i>(Adult Residential Treatment for Consumers with Co-Occurring Disorders: Support System)</i>	24-5-61 18-13-141(b)(1)	<i>Critical</i>	Y/N	<i>Policy Review; Site Review</i>	N	N	N

(Adult Residential Treatment for Consumers with Co-Occurring Disorders: Staff)	24-5-61 18-13-141(b)(2)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	Y (RT Module, 3Q)	Y (RTX 2, 18)	N
(Adult Residential Treatment for Consumers with Co-Occurring Disorders: Treatment Services)	24-5-61 18-13-141(b)(3) 18-13-141(b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
(Residential Treatment for Adolescents: Support System)	24-5-81 18-13-161(b)(2)	Critical	Y/N	Policy Review; Site Review	N	N	N
(Residential Treatment for Adolescents: Staff)	24-5-81 18-13-161(b)(3)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	N	N	N
(Residential Treatment for Adolescents: Treatment Services)	24-5-81 18-13-161 (b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
(Residential Treatment for Adolescents: Assessments)	24-5-81 18-13-161(b)(5)	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
(Adult Halfway House Services: Support System)	24-5-101 18-13-101(b)(2)	Critical	Y/N	Policy Review; Site Review	N	Y (RTX 2, 18; ASE 6)	N
(Adult Halfway House Services: Staff)	24-5-101 18-13-181(b)(3)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	Y (RT Module, 3Q)	Y (RTX 2, 18)	N
(Adult Halfway House Services: Treatment Services)	24-5-101 18-13-181(b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N

(Adolescent Halfway House Services: Support System)	24-5-121 18-13-190(b)(2)	Critical	Y/N	Policy Review; Site Review	N	N	N
(Adolescent Halfway House Services: Staff)	24-5-121 18-13-190(b)(3)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	N	N	N
(Adolescent Halfway House Services: Treatment Services)	24-5-121 18-13-190(b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
(Adolescent Halfway House Services: Assessment)	24-5-121 18-13-190(b)(5)	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
(Halfway House Services for Persons with Dependent Children and Pregnant Women: Support System)	24-5-141 18-13-201(b)(2)	Critical	Y/N	Policy Review; Site Review	N	N	N
(Halfway House Services for Persons with Dependent Children and Pregnant Women: Staff)	24-5-141 18-13-201(b)(3)	Critical	90% (multiple elements)	Personnel Record Review; Site Review; Document Review	N	N	N
(Halfway House Services for Persons with Dependent Children and Pregnant Women: Treatment Services)	24-5-141 18-13-201(b)(4)	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N
(Vocational Employment Services)	24-5-161	Necessary	Y/N	Site review; Consumer Record Review	N	N	N



Clinical Record Content, On-going Assessment	24-7-6	Necessary	Y/N	Policy Review	Y (2.B)	Y (MHSU 3.07; RTX 4.06)	Y (CTS 02.02.07)
Behavioral Health Service Plan	24-7-7	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C; 3.Q.17)	Y (MHSU 4; RTX 6)	Y (CTS 03.01.01-03.01.09)
Medication Record	24-7-8	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Progress Notes	24-7-9	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Other Records Content	24-7-10	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Discharge Assessment	24-7-11	Necessary	75% (single element)	Consumer Record Review	Y (2.D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (CTS 06.02.01-06.02.05)
Transition/Discharge Plan	24-7-12	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.D)	Y (PRG 1.02; MHSU 12; RTX 20)	Y (RC 02.04.01)
Consumer Rights, Inpatient and Residential	24-11-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
<i>(Standards for Food Service)</i>	<i>24-21-1.3</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Document Review</i>	<i>N</i>	<i>N</i>	<i>N</i>
<i>(Dietetic Services)</i>	<i>24-21-1.4</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Policy/Document Review; Site Review</i>	<i>N</i>	<i>N</i>	<i>N</i>

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

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## Chapter 27: Program-Specific Standards for Mental Illness Service Programs

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 9 critical and 9 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 18/20 total critical standards and 18/23 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 9 critical and 9 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 18/20 total critical standards and 20/23 total necessary standards**

*\*Please note that your total standards may change significantly based on optional services provided and their associated standards.*

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Standard Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Availability of Services	27-3-2	Critical	Y/N	Policy Review; Site Review	N	N	N
Incident Reporting; Procedures	27-3-43	Critical	Y/N	Policy Review	N	N	N
Consent for Release of Information	27-5-42	Critical	Y/N	Policy/Document Review	N	N	N

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\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Required Core Services	27-3-1	Critical	Y/N	Site Review; Consumer Record Review	N	N	N
Consumer Rights	27-5-43	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Right to Name Treatment Advocate	27-5-44	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	27-5-45	Critical	90% (multiple elements)	Policy Review; Site Review	N	N	N
Screening Services	27-7-2	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	Y (2B)	Y (MHSU 3)	Y (CTS 02.01.01- 02.02.09, 02.03.13)
Assessment Services	27-7-3	Necessary	75% (multiple elements)	Consumer Record Review	Y (2B)	Y (MHSU 3.03-3.04)	Y (CTS 02.02.01- 02.02.09, 02.03.07)
Screening and Assessment Services, Access or Referral to Needed Services	27-7-4	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3)	Y (CTS 02.01.01- 02.01.06)
Ongoing Assessment	27-7-5	Necessary	Y/N	Policy Review	Y (2B)	Y (MHSU 3.07)	Y (CTS 02.02.07)
Outpatient Therapy Services	27-7-6	Necessary	Y/N	Consumer Record Review	Y (OT 3.O.1)	N	N
Emergency Services	27-7-7	Critical	90% (multiple elements)	Consumer Record Review; Site Review	N	N	N

<i>(Additional Treatment Services)</i>	27-7-21	Necessary	Y/N	<i>Policy/Document Review; Consumer Record Review</i>	N	N	N
<i>(Case Management Services: Elements of Service; Locale and Frequency)</i>	27-7-22	Necessary	75% (multiple elements)	<i>Consumer Record Review</i>	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
<i>(Case Management Services: Staff Credentials)</i>	27-7-23	Necessary	Y/N	<i>Personnel Record Review</i>	N	N	N
<i>(Medication Clinic Services)</i>	27-7-24(a) 27-7-24(b) 27-7-24(c) 27-7-24(e)	Critical	90% (multiple elements)	<i>Consumer Record Review; Personnel Record Review</i>	N	N	N
<i>(Medication Clinic Services: Medication Monitoring)</i>	27-7-24(d)	Critical	Y/N	<i>Policy Review; Site Review</i>	Y (2.E)	Y (PRG 3)	Y (MM)
<i>(Peer Recovery Support Services: Elements of Service; Locale and Frequency)</i>	27-7-27	Necessary	Y/N	<i>Consumer Record Review</i>	Y (2.A.29-2.A.35)	N	N
<i>(Peer Recovery Support Specialists, Staff Credentials)</i>	27-7-28	Necessary	Y/N	<i>Personnel Record Review</i>	N	N	N
<i>(Wellness Services and Supports)</i>	27-7-29	Necessary	Y/N	<i>Consumer Record Review; Personnel Record Review</i>	N	N	N
<i>(Behavioral Health Rehabilitation Services; General Requirements)</i>	27-7-30	Necessary	Y/N	<i>Policy Review; Consumer Record Review</i>	N	N	N
<i>(Behavioral Health Rehabilitation Services;</i>	27-7-31	Necessary	Y/N	<i>Policy/Document Review; Consumer</i>	N	N	N

<i>Rehabilitation Unit Programs)</i>				<i>Record Review; Site Review</i>			
<i>(Behavioral Health Rehabilitation Services; Individual and Group Services)</i>	27-7-32	Necessary	Y/N	<i>Policy Review; Consumer Record Review</i>	N	N	N
<i>(Behavioral Health Rehabilitation Services, Staff Credentials)</i>	27-7-33	Necessary	Y/N	<i>Personnel Record Review</i>	N	N	N
<i>(Day Treatment Services for Children and Adolescents)</i>	27-7-34	Necessary	Y/N	<i>Consumer Record Review; Site Review</i>	N	N	N
Clinical Record Content, Screening, Intake and Assessment, Documentation	27-7-41	Necessary	75% (multiple elements)	Consumer Record Review; Policy Review	Y (2B)	Y (MHSU 3)	Y (CTS 02.01.01-02.02.09)
Behavioral Health Service Plan; Documentation	27-7-42	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C)	Y (MHSU 4)	Y (CTS 03.01.01-03.01.09)
Clinical Record Content, Ongoing Assessment; Documentation	27-7-43	Necessary	Y/N	Policy Review	N	Y (MHSU 3.07)	Y (CTS 02.02.07)
Progress Notes	27-7-44	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Other Records Content	27-7-45	Necessary	Y/N/NA	Consumer Record Review	N	N	N

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## Chapter 55: Program-Specific Standards for Programs of Assertive Community Treatment

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 7 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 17/18 total critical standards and 22/29 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 7 critical and 15 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 17/18 total critical standards and 25/29 total necessary standards**

### Core Organizational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Information Analysis and Planning	55-11-3	Necessary	75% (multiple elements)	Policy Review; Document Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures.

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### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Total Case Load and Admission Rate	55-3-3	Necessary	Y/N	Policy Review	Y (ACT 3.A.3)	N	N
Hours of Operation and Staff Coverage	55-3-5	Critical	Y/N	Document Review; Site Review	N	N	N
Staff Communication and Planning	55-3-8	Necessary	75% (multiple elements)	Policy Review; Document Review	Y (ACT 3.A.27-3.A.30)	N	N
Treatment Team Meeting	55-5-6	Necessary	Y/N	Document Review	Y (ACT 3.A.9, 3.A.27)	N	N
Facility Environment	55-19-1	Necessary	75% (multiple elements)	Site Review; Policy/Document Review; Personnel Record Review	N	N	N

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### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Admission Criteria	55-3-2	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Discharge Criteria	55-3-4	Necessary	Y/N	Policy Review; Consumer Record Review	Y (ACT 3.A.32)	N	N
Service Intensity	55-3-6	Necessary	75% (multiple elements)	Consumer Record Review	Y (ACT 3.A.22- 3.A.25)	N	N
Staffing Requirements	55-3-7	Necessary	75% (multiple elements)	Personnel Record Review; Policy Review	N	N	N
Required Services	55-3-10	Critical	90% (multiple elements)	Consumer Record Review	Y (ACT 3.A.10- 3.A.21)	N	N
Documentation of Individual Treatment Team Members	55-5-3	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Initial Assessment and Treatment Plan	55-5-4	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Comprehensive Assessment	55-5-5	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Treatment Planning	55-5-7	Necessary	75% (multiple elements)	Consumer Record Review; Policy Review	Y (2.C, ACT 3.A.9)	Y (MHSU 4)	Y (CTS 03.01.01- 03.01.09)
PACT Progress Note	55-5-9	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Medication Record	55-5-10	Critical	90% (multiple elements)	Consumer Record Review	Y (2.E.3, ACT 3.A.17)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)



Other Records Content, Outside Information	55-5-11(a)-(d)	Necessary	Y/N/NA	Consumer Record Review [Also reviewed under 1-9-5.6(d)]	N	N	N
Other Records Content, Readmission/Transfer	55-5-11(e)-(f)	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Consumer Rights	55-9-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumers' Grievance Policy	55-9-2	Critical	90% (multiple elements)	Policy Review; Site Review	N	N	N
Medication Storage	55-19-2	Critical	Y/N	Policy Review; Site Review	Y (2.E)	Y (PRG 3)	Y (MM)

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## Chapter 60: Program-Specific Standards for Certified Eating Disorder Treatment Programs

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 15 critical and 6 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 24/26 total critical standards and 15/20 total necessary standards\*\***
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 15 critical and 6 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 24/26 total critical standards and 17/20 total necessary standards\*\***

**\*\*Important note: The level of care provided may affect your total standards.**

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Availability of Services	60-3-2	Critical	Y/N	Policy Review; Site Review	N	N	N
Referral Services	60-3-4	Critical	Y/N	Policy Review	Y (2.A.4; 2.B.2 – 2.B.6)	Y (MHSU 3; RTX 4)	Y (CTS 02.01.01- 02.01.06)

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Required Core Services	60-3-1	Critical	Y/N	Consumer Record Review; Site Review	N	N	N
Screening, Intake, and Assessment Services	60-3-3	Necessary	75% (multiple elements)	Consumer Record Review; Policy Review	Y (2B)	Y (MHSU 3)	Y (CTS 02.01.01-02.02.09)
Emergency Services	60-3-5	Critical	Y/N	Policy Review; Consumer Record Review; Site Review	N	N	N
Emergency Examinations	60-3-6	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Emergency Examinations, Staffing	60-3-7	Critical	Y/N	Personnel Record Review	N	N	N
Emergency Medical Services	60-3-8	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Routine Medical Services	60-3-9	Critical	Y/N	Policy Review	N	N	N
Physician Services	60-3-10	Critical	90% (multiple elements)	Consumer Record Review	N	N	N
Physician Requirements	60-3-11	Critical	Y/N	Personnel Record Review	N	N	N
Nurse Practitioners	60-3-12						
Nursing Services	60-3-13	Critical	Y/N	Personnel Record Review; Site Review	N	N	N
Psychotherapy Service Provision	60-3-15	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Dietitian Credentialing	60-3-16	Critical	Y/N	Personnel Record Review	N	N	N

Dietitian Service Provision	60-3-16	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
<i>(Independent Living Services: Service Provision)</i>	60-5-2(a)-(d)	<b>Critical</b>	Y/N	Consumer Record Review; Site Review; Policy Review	N	N	N
<i>(Independent Living Services: Environment)</i>	60-5-2(e)-(f)	<b>Critical</b>	Y/N	Site Review; Document Review; Policy Review	N	N	N
<i>(Outpatient Services)</i>	60-5-3	Necessary	Y/N	Consumer Record Review; Personnel Record Review	N	N	N
Service Plan	60-7-6	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C)	Y (MHSU 4)	Y (CTS 03.01.01-03.01.09)
Medication Record	60-7-7	<b>Critical</b>	90% (multiple elements)	Consumer Record Review	Y (2.E.3)	Y (PRG 1.03; PRG 3.04)	Y (RC 02.01.01)
Progress Notes	60-7-8	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Other Records Content	60-7-9	Necessary	Y/N/NA	Consumer Record Review	N	N	N
Consumer Rights	60-11-1	<b>Critical</b>	90% (multiple elements)	Document Review	N	N	N
Consumer's Grievance Policy	60-11-2	<b>Critical</b>	90% (multiple elements)	Policy Review; Site Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 65: Program-Specific Standards for Gambling Treatment Programs

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 5 critical and 10 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 15/16 total critical standards and 18/24 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 16 critical and 6 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 15/16 total critical standards and 21/24 total necessary standards**

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Gambling Treatment Services: Availability of Services	65-5-2(a)-(d)	Necessary	Y/N	Policy Review; Site Review	N	N	N
Gambling Treatment Services: Medical Emergencies	65-5-2(e)	Critical	Y/N	Policy Review; Site Review	N	N	N
(Standards for Food Service)	65-7-3	Necessary	Y/N	Document Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Treatment Services	65-3-2	Critical	Y/N	Consumer Record Review; Site Review	N	N	N
Assessment and Diagnostic Services	65-3-3	Necessary	75% (multiple elements)	Consumer Record Review; Policy Review	N	N	N
Service Planning	65-3-4	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C)	Y (MHSU 4)	Y (CTS 03.01.01-03.01.09)
Progress Notes	65-3-4.1	Necessary	75% (multiple elements)	Consumer Record Review	Y (2.C.6)	Y (PRG 1.05)	N
Individual, Group and Family Therapy Services	65-3-5	Necessary	Y/N	Consumer Record Review; Site Review	N	N	N
Case Management	65-3-6	Necessary	75% (multiple elements)	Consumer Record Review	Y (3B - Case Mgmt/ Services Coord. Module)	Y (Case Mgmt Module)	Y (CTS 06.01.01)
Unplanned Discharges	65-3-9	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service)</i>	<i>65-3-13(a) 65-3-13(b)</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Consumer Record Review; Policy Review</i>	<i>Y (2.A.29-2.A.35)</i>	<i>N</i>	<i>N</i>
<i>(Peer Recovery Support Specialists, Staff Credentials)</i>	<i>65-3-13(c) 65-3-13(d) 65-3-13(e)</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Personnel Record Review</i>	<i>N</i>	<i>N</i>	<i>N</i>
Level of Care	65-5-1	Necessary	Y/N	Policy Review	N	N	N
Gambling Treatment Services: Staff	65-5-2(f)-(j)	Critical	75% (multiple elements)	Personnel Record Review	N	N	N

Admission Criteria	65-5-3	Necessary	Y/N	Consumer Record Review; Policy Review	N	N	N
Discharge Criteria	65-5-4	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Consumer Rights	65-5-5	Critical	90% (multiple elements)	Document Review	N	N	N
Consumer's Grievance Policy	60-5-6	Critical	90% (multiple elements)	Policy Review; Site Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

## Chapter 70: Program-Specific Standards for Opioid Treatment Programs

- Must meet 90% of critical standards and 75% of necessary standards (out of 11 critical and 14 necessary general standards + 48 critical and 24 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 53/59 total critical standards and 29/38 total necessary standards**
- For Certification with Distinction, must meet 90% of critical standards and 85% of necessary standards (out of 11 critical and 14 necessary general standards + 47 critical and 26 necessary program specific standards, *not including optional standards*)
  - **Minimal compliance = 53/59 total critical standards and 34/38 total necessary standards**

### Core Organizational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Service Support and Enhancement	70-4-5	Critical	Y/N	Policy Review; Document Review	N	N	N
Organizational – Staffing	70-4-5.1	Necessary	Y/N	Document Review	N	N	N
Organizational – Notification of ODMHSAS	70-4-5.3	Necessary	Y/N	Policy Review; Document Review	N	N	N
Organizational – Fee Structure and Exceptions	70-4-5.4	Necessary	Y/N	Policy Review	N	N	N
Organizational – Cooperative Agreements	70-4-5.5	Necessary	Y/N	Policy Review	N	N	N
Organizational – Consultation	70-4-5.6	Necessary	Y/N	Document Review	N	N	N
(Medication Units, Long Term Care Facilities and Hospitals)	70-6-10	Necessary	Y/N	Policy Review; Document Review; Consumer Record Review	N	N	N



**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Core Operational Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
Operations – Hours	70-4-7	Necessary	Y/N	Policy Review; Site Review	N	N	N
Operations – Medication Security	70-4-7.1	Critical	Y/N	Policy Review; Document Review	N	N	N
Operations – Dual Enrollments	70-4-7.2	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Operations – Dosing Considerations	70-4-7.3	Critical	Y/N	Policy Review	Y (OTP 2.E.1, 2.E.4)	Y (OTP 11.01)	N
Operations – Emergencies and Exception for Weekend Dosing	70-4-7.4	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Programs Using Opioid Agonist or Long Acting Opioid Agonist	70-6-11	Critical	Y/N	Policy Review; Document Review	N	N	N

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days.

\*Please note that ODMHSAS may utilize any reasonable method to verify compliance. This indicates the typical method used.

### Quality Clinical Standards

Standard	Citation	Critical/ Necessary	Compliance Threshold	Review Method*	Covered by CARF	Covered by COA	Covered by JCAHO
<b>FACILITY RECORD SYSTEM</b>							
Patient Transfer	70-3-3.1	Necessary	75% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Assessment and Record Content – Medical	70-3-5	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Assessment and Record Content – History	70-3-5.1	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Assessment and Record Content – Symptoms	70-3-5.2	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	Y (OTP 3.A.5, 3.A.8)	N	N
Assessment and Record Content – Dispensed and Prescribed Pharmaceuticals	70-3-5.3	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Assessment and Record Content – Level of Care	70-3-5.4	Critical	90% (single element)	Policy Review; Consumer Record Review	Y (OTP 3.A.3)	N	N
Assessment and Record Content – Care of Minors	70-3-5.5	Critical	90% (single element)	Policy Review; Consumer Record Review	Y (OTP 2.B.9)	N	N
Assessment and Record Content – Central Registry	70-3-5.6	Necessary	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Assessment and Record Content –	70-3-5.7	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N

Consent and Admission Information							
Assessment and Record Content – ASAM	70-3-5.8	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	Y (OTP 2.B.23, 3.A.1)	N	N
Assessment and Record Content – Supportive Service Array	70-3-5.9	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Assessment and Record Content – Service Notification	70-3-5.10	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Assessment and Record Content – Chronic Pain	70-3-5.11	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Assessment and Record Content – Co-Occurring Disorder	70-3-5.12	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	Y (OTP 2.B.23-2.B.25, 3.A.6)	N	N
Assessment and Record Content – Medical	70-3-5.13	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	Y (OTP 2.B.23-2.B.25, 3.A.6)	N	N
Assessment and Record Content – Medical Service Refusal	70-3-5.14	Critical	90% (Single Element)	Policy Review; Consumer Record Review	N	N	N
Assessment and Record Content – Identification	70-3-5.15	Necessary	90% (single element)	Policy Review; Consumer Record Review	N	N	N
Assessment and Record Content – Initial Dosing	70-3-5.16	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	Y (OTP 2.E.1, 2.E.4)	Y (OTP 11.01)	N

Assessment and Record Content – Patient Service Refusal	70-3-5.17	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Assessment – Process Requirements	70-3-6	Necessary	Y/N	Policy Review	N	N	N
Biopsychsocial Assessment	70-3-7	Necessary	75% (multiple elements)	Consumer Record Review	Y (OTP 2.B.22, 2.B.23)	N	N
Individualized Service Planning	70-3-8	Necessary	75% (multiple elements)	Consumer Record Review	Y (OTP 2.C)	Y (OTP 5)	Y (CTS 03.01.01-03.01.09)
Progress Notes	70-3-9	Necessary	75% (multiple elements)	Consumer Record Review	Y (OTP 2.C.6)	Y (PRG 1.05)	N
Discharge Assessment	70-3-10	Necessary	75% (multiple elements)	Consumer Record Review	Y (OTP 2.D)	N	N
<b>SERVICES SUPPORT AND ENHANCEMENT</b>							
Staffing – Dosing Coverage	70-4-4	Critical	90% (multiple elements)	Policy Review; Personnel Record Review	N	N	N
Staffing – Transportation, Dispensing and Responsibility	70-4-4.1	Necessary	Y/N	Policy Review; Personnel Record Review; Document Review	N	N	N
Staffing – Medical Director Coverage	70-4-4.2	Critical	Y/N	Policy/Document Review	N	N	N
Staffing – Training	70-4-4.3	Necessary	75% (multiple elements) [Also reviewed under 1-9-5.6(b)]	Personnel Record Review	N	N	N
Staffing – Qualifications	70-4-4.4	Critical	Y/N	Policy Review; Personnel Record Review	N	N	N
<b>ORGANIZATIONAL AND FACILITY MANAGEMENT</b>							
Drug Testing	70-4-8	Critical	Y/N	Policy Review	N	N	N

Drug Testing – Withdrawal Management	70-4-8.1	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Drug Testing – Required Substance Identification	70-4-8.2	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Unsupervised Take-Home Doses	70-4-8.3	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	Y (OTP 3.A.26-3.A.27)	Y (OTP 10)	N
<b>CONSUMER RIGHTS</b>							
Consumer Rights	70-5-1	Critical	90% (multiple elements)	Document Review; Consumer Record Review	N	N	N
Consumer Grievance Policy	70-5-2	Critical	90% (multiple elements)	Policy Review; Site Review; Consumer Record Review	N	N	N
<b>SUBSTANCE USE DISORDER TREATMENT SERVICES</b>							
Levels of Care	70-6-4	Critical	Y/N	Policy Review	N	N	N
Withdrawal Management	70-6-5	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Withdrawal Management – Maintenance to Withdrawal Management	70-6-5.1	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Withdrawal Management – Reentering Maintenance Treatment	70-6-5.2	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Administrative Withdrawal	70-6-6	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N

Short Term Managed Withdrawal	70-6-7	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Long Term Managed Withdrawal	70-6-8	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Interim Maintenance Treatment Services	70-6-9	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
HIV Education, Testing and Counseling Services	70-6-12	Necessary	75% (multiple elements)	Consumer Record Review	N	N	N
Service	70-6-15	Critical	Y/N	Policy Review; Site Review	N	N	N
Service – Dosing	70-6-15.1	Critical	Y/N	Policy Review	N	N	N
Service – Medical Director Visits	70-6-15.2	Critical	90% (single element)	Policy Review; Consumer Record Review	N	N	N
Service – Clinical Services	70-6-15.3	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Service – Termination	70-6-15.4	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Pregnant Women: Services	70-6-16(a) 70-6-16(b)(2)	Critical	90% (multiple elements)	Policy Review; Document Review; Consumer Record Review	N	N	N
Pregnant Women: Staff Training	70-6-16(b)(1)	Critical	90% (single element)	Personnel Record Review	N	N	N
Service Phases – Take Home Doses	70-6-17	Critical	90% (multiple elements)	Policy Review; Consumer Record Review	N	N	N

Service Phases – Take Home Doses, Exceptions	70-6-17.1	Critical	Y/N	Policy Review; Consumer Record Review	N	N	N
Service Phases – General	70-6-17.2	Critical	Y/N	Policy Review	N	N	N
Service Phases – Phase I	70-6-17.3	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Service Phases – Phase II	70-6-17.4	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Service Phases – Phase III	70-6-17.5	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Service Phases – Phase IV	70-6-17.6	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Service Phases – Phase V	70-6-17.7	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
Service Phases – Phase VI	70-6-17.8	Necessary	75% (multiple elements)	Policy Review; Consumer Record Review	N	N	N
<i>(Peer Recovery Support Services: Elements of Service)</i>	<i>70-6-18(a) 70-6-18(b)</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Consumer Record Review</i>	<i>Y (2.A.29-2.A.35)</i>	<i>N</i>	<i>N</i>
<i>(Peer Recovery Support Services: Staff Credentials)</i>	<i>70-6-18(c) 70-6-18(d) 70-6-18(e)</i>	<i>Necessary</i>	<i>Y/N</i>	<i>Personnel Record Review</i>	<i>N</i>	<i>N</i>	<i>N</i>

**Note:** You may provide Provider Certification with documentation of any changes made to policies since your last certification in lieu of a full review of policies and procedures. Any necessary standards not met must be corrected within 10 days. Critical standards must be corrected within 5 days. Scores are based on initial review.

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## Frequently Asked Questions

***FAQs are maintained on the Provider Certification webpage at:***  
**<https://oklahoma.gov/odmhsas/policy/provider-certification>**

### **What do I need to do if my program is relocating to a different address?**

Prior to initiating services at the new location, written notice must be provided to Provider Certification with the effective date of the relocation, locations moving from and to, and a current and approved fire inspection for the new location. Once this information and documentation is submitted, Provider Certification will complete a site review and issue an approval notice for the new location if approved. Please note the new location is not approved until these steps are completed and plan accordingly.

### **Can I send you just the letter from my national accreditation entity that says how long we will be accredited and the programs for which we are accredited?**

This is only part of what is needed for the purpose of utilizing national accreditation as proof of compliance with certain standards. Please provide comprehensive information regarding your accreditation when you submit your certification application, including:

- Current accreditation status
- Time period for which accreditation has been granted
- Programs included in most recent accreditation survey

There may be instances when we request additional information, such as:

- Survey reports
- Reports of subsequent actions initiated by the accrediting entity
- Plans of correction, if applicable

### **What does Provider Certification need in order to review policies and procedures for a certification renewal?**

Policies and procedures are thoroughly reviewed and approved during the initial certification review. Because many policies and procedures stay the same over time, Provider Certification does not require a full review of these items during renewal. Instead, you may provide an attestation that no changes have occurred or documentation of which policies and procedures have changed since the last review. This allows Provider Certification to only review items that have changed instead of conducting a full review of policies and procedures.

**Regarding staff training requirements, do they apply to contracted clinicians and administrative positions?**

Yes, these requirements apply to all staff.

**How do I obtain pre-approval of non-physical and physical intervention curricula?**

There are certain training curricula that do not need any review if you attest that you are utilizing them for your staff training. These are outlined in the memo on the [Provider Certification website](#).

If you are utilizing another training curriculum to meet this requirement, please provide written notice of this during your review process. Provider Certification will need to review the curricula to ensure that it meets requirements.

Please note the following provider are exempt from this training requirement:

- All providers certified under Chapter 16
- Outpatient provider certified under Chapter 18
- All provider certified under Chapter 27

## Choosing Consumer Files for Your Certification Review

### **What kinds of consumer files does Provider Certification need?**

You should supply Provider Certification consumer files that are complete and were opened within the last 18 months before the date of the scheduled review. You should supply files that represent the breadth of the work you do at each physical site, and meet the requirements for the number of files requested. This provides your review team with a small but representative sample of services you provide to consumers.

### **What constitutes a "complete" file?**

A complete consumer file must contain the following elements:

- Referrals, screenings, and intake information
- Assessments
- Rights signed by the consumer
- Grievance process signed by the consumer
- Confidentiality notifications signed by the consumer
- Consent to treat
- Releases of information
- Treatment plan
- All progress notes
- Medication administration record (if applicable)
- Other materials may potentially be requested for your specific chapter of certification.

If parts of the above list are missing, we will not be able to review the file for compliance, as there are standards related to each item.

### **How many files does Provider Certification Need?**

The number of files will depend on how many sites are included in your certification review, but as a general rule you must supply:

- A minimum of five files total
- A minimum of three files per site
- At least one file for each type of service provided at all included sites

### **How should files be supplied to Provider Certification?**

We recommend you digitally supply files from your electronic health record. Or you may print and scan them. We do not recommend that you mail hard copies, but you may if you cannot provide files digitally.

## Common Deficiencies and Examples

The following outlines some of the more common reasons ODMHSAS Provider Certification issues a citation related to compliance with standards.

### General Program Standards Frequently Missed

#### **#1: Staff Training**

ODMHSAS Provider Certification encounters programs that have not trained all their staff on a yearly basis. Please note the following reminders:

- Training requirements apply to "all administrative, professional and support staff" as stated in 450:1-9-5.6(b)(1). This includes any contracted staff as well.
- Timeframes for required training are as follows, as stated in 450:1-9-5.6(b)(2):  
*In-service training shall be conducted each calendar year and shall be required within thirty (30) days of each employee's hire date and each calendar year thereafter...*

#### **#2: Tobacco Cessation Inquiry and Services**

ODMHSAS Provider Certification often sees programs that have largely met the standard for Tobacco-free Campus in 450:1-9-5.5(c), but miss the requirement regarding inquiring about and offering services for tobacco cessation. This element of the standard states:

*The facility shall inquire about consumers' tobacco use status as part of the screening and treatment planning process and be prepared to offer treatment upon request of the consumer.*

#### **#3: Service Plan Documentation**

Each chapter has a specific list of elements required in the service plan. It is important to reference your program's standard and ensure all elements are included in your service planning documentation.

<b>Program Type</b>	<b>Standard</b>
Chapter 17: Community Mental Health Centers/Certified Community Behavioral Health Clinics	17-5-180. Initial Assessment and Initial Care Plan 17-5-181. Comprehensive Care Plan, Content 17-5-182. Comprehensive Care Plan, Timeframes 17-7-8. Behavioral Health Service Plan
Chapter 18: Substance Related/Addictive Disorder Treatment Services	18-7-81. Service Plan
Chapter 24: Comprehensive Community Addiction Recover Centers	24-7-7. Behavioral Health Service Plan

Chapter 27: Mental Illness Service Programs	27-7-42. Behavioral Health Service Plan; Documentation
Chapter 55: Programs of Assertive Community Treatment	55-5-7. Treatment Planning
Chapter 60: Eating Disorder Programs	60-7-6. Service Plan
Chapter 65: Gambling Treatment Programs	65-3-4. Service Planning
Chapter 70: Opioid Treatment Programs	70-3-8. Individualized Service Planning

#### **#4: Assessment Completion**

Each chapter has a specific list of elements required in the assessment. It is important to reference your program's standard and ensure all elements are included in your assessment documentation.

<b>Program Type</b>	<b>Standard</b>
Chapter 17: Community Mental Health Centers/Certified Community Behavioral Health Clinics	17-3-21. Integrated Screening and Assessment Services 17-3-22. Screening and Assessment Services, Access or Referral to Needed Services 17-5-180. Initial Assessment and Initial Care Plan 17-7-5. Clinical Record Content, Screening and Assessment 17-7-5.1. Clinical Record Content, On-going Assessment
Chapter 18: Substance Related/Addictive Disorder Treatment Services	18-7-21. Clinical Record Content, Screening and Assessment 18-7-22. Screening and Assessment, Process Requirements 18-7-23. Biopsychsocial Assessment 18-7-27. Clinical Record Content, On-going Assessment 18-7-121. Discharge Assessment  18-13-190(b)(5). Adolescent Halfway House Services: Assessment 18-13-161(b)(5). Residential Treatment for Adolescents: Assessment 18-31-61(b)(5). Medically Supervised Withdrawal Management: Assessment
Chapter 23: Community-Based Structured Crisis Center	23-5-4. Intake and Assessment
Chapter 24: Comprehensive Community Addiction Recover Centers	24-3-21. Integrated Screening and Assessment Services 24-3-22. Screening and Assessment Services, Access or Referral to Needed Services 24-7-5. Clinical Record Content, Screening and Assessment 24-7-6. Clinical Record Content, On-going Assessment

	24-7-11. Discharge Assessment
Chapter 27: Mental Illness Service Programs	27-7-3. Assessment Services 27-7-4. Screening and Assessment Services, Access or Referral to Needed Services 27-7-5. Ongoing Assessment 27-7-41. Clinical Record Content, Screening, Intake and Assessment, Documentation 27-7-43. Clinical Record Content, Ongoing Assessment; Documentation
Chapter 55: Programs of Assertive Community Treatment	55-5-4. Initial Assessment and Treatment Plan 55-5-5. Comprehensive Assessment
Chapter 60: Eating Disorder Programs	60-3-3. Screening, Intake, and Assessment Services
Chapter 65: Gambling Treatment Programs	65-3-3. Assessment and Diagnostic Services
Chapter 70: Opioid Treatment Programs	70-3-5 through 70-3-5.17. Assessment and Record Content 70-3-6. Assessment – Process Requirements 70-3-7. Biopsychosocial Assessment 70-3-10. Discharge Assessment

## **#5: Consumer Rights and Grievance Policy**

ODMHSAS Provider Certification often encounters the following situations, which cause a deficiency to be cited:

- Out of date or modified ODMHSAS Consumer Rights will sometimes make it into the agency's paperwork. We have seen this cause a deficiency based on missing required elements. Please be sure you have the current version of the Synopsis of the Bill of Rights as written in 450:15-3-27.
- Programs fail to post the roles of the grievance local advocate, on-site coordinator and/or decision maker. This is usually left out of the agency paperwork or is not posted per standards.
- Providers sometimes fail to ask consumers during treatment planning about updating or including a Treatment Advocate.

It is important for all providers to review Chapter 15. Consumer Rights in its entirety to ensure all requirements are being met. The following sections are particularly important for your review:

- 15-3-3. Notification of the Bill of Rights
- 15-3-27. Synopsis of the Bill of Rights
- 15-3-28. Right to Name a Treatment Advocate
- 15-3-45. Consumer Grievance Policy and Procedures and Local Advocacy Activities

## **#6: Clinical Supervision**

ODMHSAS Provider Certification encounters providers who leave out one or more of the elements of clinical supervision related to appropriateness of treatment, effectiveness, and feedback to enhance clinical skills.

450:1-9-5.6(c)(2) states:

*Ongoing clinical supervision shall be provided and shall address: (A) The appropriateness of treatment selected for the consumer; (B) Treatment effectiveness as reflected by the consumers meeting their individual goals; and (C) The provision of feedback that enhances the clinical skills of service providers*

## **Program-Specific Standards Frequently Missed**

### **Chapter 16: Community Residential Mental Health Facilities**

#### 450:16-21-1. Staff Orientation

- ODMHSAS Provider Certification encounters facilities that hire new staff, but the staff are not trained at orientation due to the need for them to take on their new role at the facility.

#### 450:16-21-5. Residential Care Staff Training Requirements, Direct Care Staff

- ODMHSAS Provider Certification encounters facilities where some direct care staff miss the required training elements as outlined in the standard.

### **Chapter 17: Community Mental Health Centers/Certified Community Behavioral Health Clinics**

#### 450:17-5-174. Staff Training

- ODMHSAS Provider Certification encounters agencies that have difficulty getting new CCBHC staff trained on the additional staff training required under the standard.

### **Chapter 18: Substance Related and Addictive Disorder Treatment Programs**

#### 450:18-13-21. Outpatient Services

#### 450:18-13-61. Medically-supervised Withdrawal Management

#### 450:18-13-101. Residential Treatment Services for Adults

#### 450:18-13-121. Residential Treatment for Persons with Dependent Children and Pregnant Women

#### 450:18-13-141. Adult Residential Treatment for Consumers with Co-occurring Disorders

#### 450:18-13-161. Residential Treatment for Adolescents

#### 450:18-13-181. Adult Halfway House Services

#### 450:18-13-190. Adolescent Halfway House Services

450:18-13-201. Halfway House Services for Persons with Dependent Children and Pregnant Women

- The main issue for the standards above is related to staff training. Staff must be knowledgeable of substance use disorder issues if they are not substance use disorder treatment professionals. This must be demonstrated through specialized training or education that is documented in the personnel record.

**Chapter 23. Community-Based Structured Crisis Centers**

450:23-21-1. Facility Environment

- ODMHSAS Provider Certification encounters staff members who are not trained on the Center for Disease Control Guidelines for Tuberculosis, the Blood Borne Pathogens Standard, and location of spill kits, masks, and other personal protective equipment.

**Chapter 55. Programs of Assertive Community Treatment**

450:55-5-5. Comprehensive Assessment

- The most frequently missed item in this standard is related to the historical timelines.

**Chapter 70. Opioid Treatment Programs**

70-3-5.3. Assessment and Record Content – Dispensed and Prescribed Pharmaceuticals

- ODMHSAS Provider Certification encounters programs that fail to include specific elements contained within this standard relating to a consumer's prescriptions.



## Determining Compliance Percentages and Thresholds: Examples

### Percentages

#### Multiple Elements: Staff Training

Staff Development and Training: Critical Training***	1-9-5.6(b)(2) A-E, J-K; (b)(3); (b)(4); (b)(6)	Critical	90% (multiple elements)	Personnel Record Review
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For this standard, the total number of records is multiplied by the total number of applicable elements (specific requirements) per record. For example, a Chapter 27 provider would have 7 applicable elements (since (b)(3), (b)(4) and (b)(6) do not apply to Chapter 27). If 5 personnel records are supplied, a total of 35 elements are required. As a critical standard, 90% of elements must be met, which would mean a minimum of 32/35 elements must be met in order to be determined in compliance.

In this example, the following circumstances would MEET:

- One staff member's record show that three of the required training elements were not completed; the remaining four records show 100% compliance.
- Three staff members' records show that one of the required training elements was not completed; the remaining two staff members' records show 100% compliance.

In this example, the following circumstances would NOT MEET:

- One staff member's record show that four of the required training elements were not completed; the remaining four records show 100% compliance.
- Four staff members' records show that one of the required training elements was not completed; the remaining two staff members' records show 100% compliance.

***See below for the text of the standard:***

***(b) Staff development and training.***

*(2) In-service training shall be conducted each calendar year and shall be required within thirty (30) days of each employee's hire date and each calendar year thereafter for all employees on the following topics:*

*(A) Fire and safety, including the location and use of all fire extinguishers and first aid supplies and equipment;*

*(B) Universal precautions and infection control;*

*(C) Consumer's rights and the constraints of the Mental Health Patient's Bill of Rights;*

*(D) Confidentiality;*

*(E) Oklahoma Child Abuse Reporting and Prevention Act, 10 O.S. §§ 7101-7115;*

*(F) Facility policy and procedures;*

*(G) Cultural competence (including military culture if active duty or veterans are being served);*

*(H) Co-occurring disorder competency and treatment principles;*

*(I) Trauma informed service provision;*

- (J) *Crisis intervention;*  
 (K) *Suicide risk assessment, prevention, and response; and*  
 (L) *Age and developmentally appropriate trainings, where applicable.*

### Single Element: Discharge Assessment

Discharge Assessment	18-7-121	Necessary	75% (single element)	Consumer Record Review
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For this standard, the total number of records is multiplied by one, since there is only one element included. For example, if 5 consumer records are supplied, a total of 5 instances of compliance are required. As a necessary standard, 75% of elements must be met, which would mean a minimum of 4/5 records must show compliance in order for the standard to be considered met.

In this example, the following circumstance would MEET:

- One consumer record shows that the required assessment was not completed; the remaining four records show 100% compliance.

In this example, the following circumstance would NOT MEET:

- Two consumer records show that the required assessment was not completed; the remaining three records show 100% compliance.

***See below for the text of the standard:***

#### **450:18-7-121. Discharge assessment**

(a) *All facilities shall assess each consumer for appropriateness of discharge from a treatment program.*

### **Yes/No**

Most standards assigned a Yes/No (Y/N) threshold are policy- or facility-related standards for which a percentage could not be reasonably assigned. However, it is especially important to note any critical standards with a "Y/N" threshold. While most of these standards are policy- or facility-related, some are determined by a review of consumer or personnel records. This means that 100% compliance is required. Examples include:

### Consent for Treatment (Consumer Records)

Clinical Record Keeping: Consent for Treatment	1-9-5.6 (d)(3)(F)	Critical	Y/N	Consumer Record Review
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In order to be determined compliant, all consumer records reviewed must meet all requirements.

**See below for the text of the standard:**

**(d) Clinical record keeping, basic requirements.**

*(3) The facility's or program's policies and procedures shall:*

*(F) Require a signed consent for treatment before a consumer is admitted on a voluntary basis; and*

**Minimum Age of Staff (Personnel Records)**

Staff qualifications: Minimum Age	1-9-5.6(a)(3)	Critical	Y/N	Policy Review/ Personnel Record Review
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In order to be determined compliant, all personnel records reviewed must meet all requirements.

**See below for the text of the standard:**

**450:1-9-5.6. Quality clinical standards for facilities and programs**

**(a) Staff qualifications.**

*(3) All direct care staff shall be at least eighteen (18) years old.*

**Organizational Description (Policy/Documents)**

Organizational Description	1-9-5.4(b)	Necessary	Y/N	Policy/Document Review
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In order to be determined compliant, the required policies/documents must be provided and include the required elements.

**See below for the text of the standard:**

**(b) Organizational Description.** *All facilities and programs shall have a written organizational description which is approved by its governing authority. The facility or program shall make the organizational description available to staff and, upon request, to the public. The organizational description shall minimally include descriptions of:*

*(1) Population(s) to be served;*

*(2) The overall program mission statement;*

*(3) The goals and objectives for the program, including the goal of continued progress in providing evidence-based practices; and*

*(4) The specific geographic area in which services are provided for programs certified under Chapter 55 of this Title.*

## Permits for Temporary Operation (PTOs) and Adding Programs and Services

<b>Situation</b>	<b>PTO Needed</b>	<b>Notes/Example</b>
New/first application within a Chapter	Yes	Anytime you are newly beginning to provide services within a new Chapter, you must start with a PTO. For instance, if you have a Chapter 27 certification but want to add a Chapter 18 certification.
Adding a new program that is the same or lower level of care within the same Chapter	No	Particularly within Chapter 18, multiple levels of care are covered. If you have a current certification for residential treatment, you can add another population within the same level (add adults if certified for women with children) or a lower level (add halfway house if certified for residential) without needing to obtain a PTO first.
Adding a new program that is a higher level of care within the same Chapter	Yes	If a provider is certified under Chapter 18 for halfway house but wants to add residential treatment, a PTO is required.
Adding a new location for a program/Chapter for which you already have certification	No	If you already have a site certified for a Chapter, you do not need a PTO to add another site under that Chapter.
Adding a CCBHC certification to a site with current CMHC certification	No	CMHCs may add CCBHC without needing a PTO. This does not apply to sites that are not certified as a CMHC already.
Adding optional outpatient services	No	If you are a currently certified outpatient provider wanting to add optional services, such as case management, a new application is not needed.
Change of ownership >50%	No, but probationary certification required	A change of ownership of 51% or more is considered a new organization. The new organization must complete an application for a probationary certification and complete a review prior to the expiration of the probationary certification (one year).
Change of board >50%	No, but probationary certification required	A change of board of 51% or more is considered a new organization. The new organization must complete an initial application for a probationary certification and complete a review prior to the expiration of the probationary certification (one year).

**If a PTO is needed,** you will follow the process and requirements for an initial certification.

**IMPORTANT:** You must notify the Department in writing within 14 calendar days of when you begin providing clinical services after you obtain your PTO. To do so, please email [ProviderCert@odmhsas.org](mailto:ProviderCert@odmhsas.org) with the subject line "PTO Notification of Services."

**If a PTO is NOT needed,** the following process applies:

1. Entity contacts the Department to provide notification of what programs/services/locations are being added.
2. Entity provides Department with information regarding the changes and any additional information/documentation as requested.
3. Department reviews materials and conducts site reviews, if necessary.
4. For new programs or locations, Department issues an approval letter for the new programs/locations. For new optional services, an approval letter is not provided, but the new optional services are documented in the Department's records.
5. The certification period will remain the same as the current certification period for the entity. (This keeps the program/facility certification cycle the same.)

## Probationary Certification and Organizational Changes

A Probationary Certification is now used to bridge the gap in certification when there are organizational changes to a certified facility/program. Essentially, a Probationary Certification is a new, one-year certification for a currently certified facility/program that does not require a Permit for Temporary Operation (PTO) like a typical new application. A Probationary Certification must be obtained in the following circumstances:

- **Changes of ownership of more than 50%**
  - This includes ownership changes to corporations and changes to members/owners of a limited liability company (LLC)
- **Changes of board membership of more than 50%**

The following process applies for Probationary Certification:

1. Entity contacts the Department to provide notification of the change.
2. Department supplies the necessary application materials.
3. Entity completes the application and pays the application fee.
4. Entity provides Department with information/attestation regarding any changes to policies, procedures, personnel, services, or other elements.
5. Department reviews materials and conducts site reviews, if necessary.
6. Upon determination of substantial compliance with applicable standards, Department issues the Probationary Certification.
7. One-year Probationary Certification must be confirmed at the next ODMHSAS board meeting.
8. Prior to expiration of the Probationary Certification, the entity will be notified of the process to obtain Certification for a one to three-year period as applicable.

### Organizational Name Changes

There may be instances in which an organization is changing its name but is not making other organizational changes applicable to a Probationary Certification. However, the Department still needs to verify that other organizational changes are not occurring in these instances. The following process applies in these circumstances:

1. Entity contacts the Department to provide notification of the change, including reasoning for name change and documentation of the new entity name.
2. Entity provides Department with information/attestation regarding any changes to policies, procedures, personnel, services, or other elements.
3. Department reviews materials and conducts site reviews, if necessary.
4. Department issues a new certificate with the new organizational name.
5. The certification period will remain the same as the certification period under the previous name. (This keeps the program/facility certification cycle the same.)

## Provider Enrollment and Billing Initiation

### When to Enroll:

Providers are eligible to enroll in the joint ODMHSAS-OHCA provider system when Certification is achieved subsequent to obtaining a PTO. Enrollment should not be initiated with a PTO before Certification is obtained. Once enrolled, providers can submit claims/bill for Medicaid and ODMHSAS funded services, as applicable for the provider.

Please Note: Obtaining Certification is a prerequisite for enrolling and billing for services, but it is NOT a guarantee of any particular reimbursement or payer source. Contracting with ODMHSAS or OHCA for services is a separate process.

### For Assistance:

The Oklahoma Health Care Authority (OHCA) manages the provider enrollment system for both ODMHSAS contracted providers and Medicaid/SoonerCare providers. For questions or assistance with provider enrollment, please contact Michael Shearer at [michael.shearer@okhca.org](mailto:michael.shearer@okhca.org)

To access the enrollment system, visit the OHCA website at:

<https://www.ohcaprovider.com/Enrollment/Site/Home/Home.aspx>

### Behavioral Health Agency Enrollment Types:

OHCA Specialty Type	Specialty #	DMH Certification	Notes
Outpatient Behavioral Health	11-110	Chapter 27	Must have DMH certification OR national accreditation
OP SUD	11-135	Chapter 18, OP	Must have DMH certification
OTP	11-136	Chapter 70	Must have DMH certification AND national accreditation
CCARC	11-137	Chapter 24	CCARCs only need one enrollment for all levels of care provided
CBSCC	11-138	Chapter 23	CMHC/CCBHCs with Chapter 23 certification must have separate enrollment as a CBSCC
Halfway House	11-139	Chapter 18, HH	Providers under Chapter 18 need separate enrollments for separate levels of care and must have BOTH DMH certification and national accreditation for HH
SUD Residential	11-134	Chapter 18, RES	Providers under Chapter 18 need separate enrollments for separate levels of care and must have BOTH DMH certification and national accreditation for RES

Medically Supervised Withdrawal Management	11-141	Chapter 18, MED DETOX	Providers under Chapter 18 need separate enrollments for separate levels of care and must have BOTH DMH certification and national accreditation for MED DETOX
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**Group Members:**

Agencies must list individual practitioners as group members (rendering providers) for claims purposes. These individuals must also separately enroll as providers. Agencies should complete the ["Group Appendix A"](#) within their agency's enrollment to list group members.